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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

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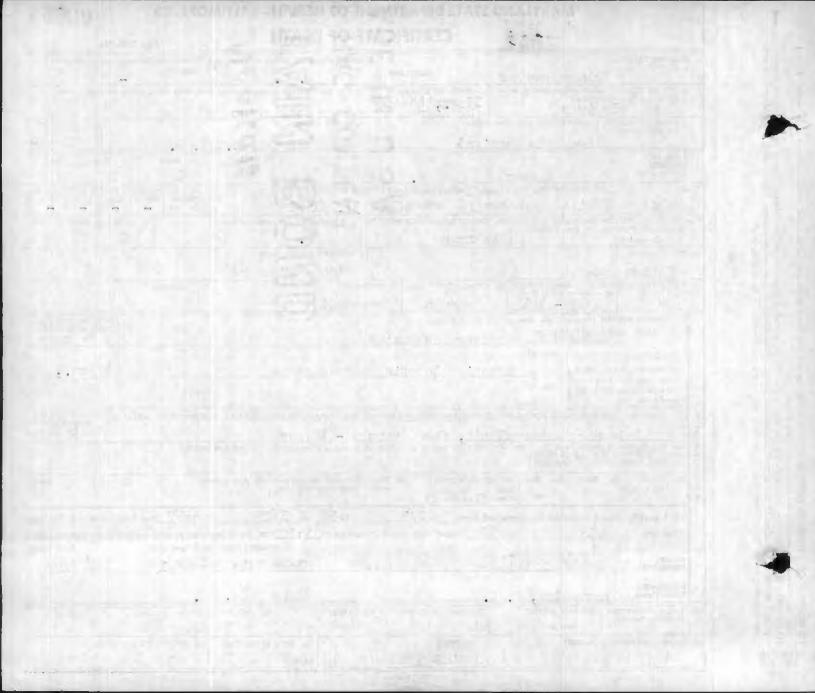
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

,00963

		CERTIFIC	AIL OF DEATH	•		Reg. Dist. N	No.
1. PLACE OF DEATH o. COUNTY Pri	nce George	MARYLAND	2. USUAL RESIDENCE (W		ived. If institution b. COUNTY	on: Residence be	efore admission)
b. CITY OR TOWN (If outsing RURAL and give neorest Glenn Dale (c, length of stay in 16 11 months an 22 days	c. CITY OR TOWN (IF	oulside corporo	te limits, write RI	JRAL and give	nearest town)
d NAME OF HOSPITAL HE OR INSTITUTION			d. STREET ADDRESS	THRPOH		7-1-1	e. IS RESIDENCE ON A FARM?
	enn Dale Ho	ospi tal	810	5th St.	N. W.		YES NO D
3. NAME OF DECEASED	First	Middle	losi	4. DATE OF	Mont		Doy Year
(Type or print) 5. SEX 6. Co	OLOR OR RACE 7.	MARRIED □ NEVER MARRIED 17	Adams B. DATE OF BIRTH	DEATH	AGE (In years	29	9 1959 AR IF UNDER 24 HRS.
	* 1	DOMED DIAOKCED DIAOKCED	3/29/1892	χ.	last birthday)	Months Day	
10a. USUAL OCCUPATION (Gi during most of working lif	ve kind of work done	106. KIND OF BUSINESS OR IND		or foreign cour	ntry)	12. CITIZEN	OF WHAT COUNTRY
Locksmith	e, eren in verneur	Unknown	Pa.			USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
William Adam			Minnie Cr	awford			
15. WAS DECEASEDEVER IN U (Yes. no. or unknown) (If yes. 1) Yes 19	S. ARMED FORCES?		Decedent		Addr	ett	
PART I. DEATH W	AS CALISED BY.	per line for (o). (b). ond (c).] Coronary occlusi	on			0	NTERVAL BETWEEN HISET AND DEATH O days
Conditions, if ony, w gove rise to immed cause (a), stating the un	iole	Arteriosclerotic	heart diseas	e			2 yrs.,
5 Pulmona	ary tuberc		nced - 1 year			EN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNION OR CONTRIBUTING CA	DERLYING 206. AUSE OF DEATH CAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enler nature of injury in	Port I or Part II	of item 18.)		
20c, TIME OF INJURY Mo Hour o. m. p. m:	W	Od. INJURY OCCURRED 20e. P thile Not while f work at work	LACE OF INJURY (Home, form octory, street, office bldg., etc.	n, 20f. (City or :.)	r town)	(Count	y) (Stote)
21. I certify that I	attended the dec	ceased from 2/7	, 1958, ta 1	/29	19.59	,that I last	saw the decease
ACTUAL SIGNATURE	uol hy	19.59, and that deat	h accurred at 11:10	ADDRESS (Street	the causes as et. city or town, s Hospital	nd an the o	DATE SIGNE
PHYSICIAN'S	Weiss M	D.		n Dale,			
220. BURIAL, CREMATION, 22 /REMOVAL (Specify) PLANT VUL 23. FUNERAL DIRECTOR'S SIGN	b. DATE THEREOF	22c. NAME OF CEMETERY OST. 9 COLUMN	or crematory ha llyr gue	22d. 19CATIO	ON IGity, lown, o	r county) TRAR'S SIGNAT	(State)
Mere Wes	2 W. V. G	leve the this	Chew Pad bary F			thung & to	



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VS A15 (4) 15M 9/55

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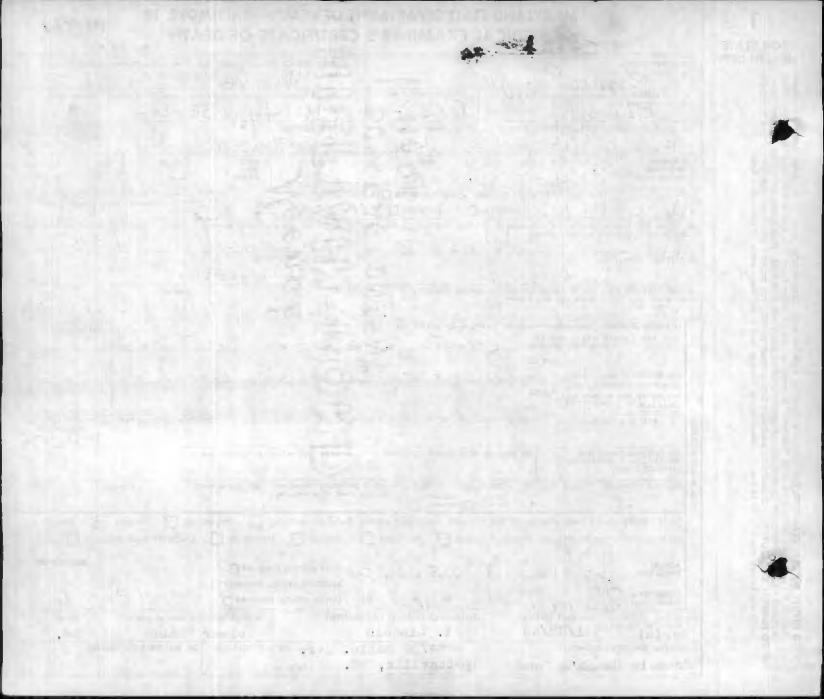
Page tran, please tran, Page your files. d of Health. DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necute the crafficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral shautd be it would be to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relatined. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 is designated agent, prior to burial, cremation, or removal, and in any orbit within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 PARTITION OF THE PROPERTY OF THE PROPERT

1.	o. COUNTY D. COU
	b. CITY OR TOWN (If outside corporate halfs, write RUM) c. LENGTH OF STAY IN The c. CITY OR TOWN (If optside corporate limits, write-RURAL and give nearest lown) and give pared lown)
	d. NAME OF HOSPITAL OR LOSSITY TION (If not in hospital, give street oddress) Omi Screet ADDRESS Janear Drive VES NOTE
3.	(Type or print) - Cobert Thomas Curson S. DEATH 1- 19 1959
3	Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) IF UNDER 14 F UNDER 24 Hrs. Months Days Hours Min. What WIDOWED DIVORCED 15-82 76 yrs. Worths Days Hours Min.
	Do. USUAL OCCUPATION (Give, kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slobe or foreign country) 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give, kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slobe or foreign country) 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give, kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slobe or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MILNOWN 14. MOTHER'S MAIDEN NAME
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TOO OF UNKnown) (It yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT TOO OF UNKnown) OWNER Address A
	PART 1, DEATH WAS CAUSED BY: MMMEDIATE CAUSE (a) LETTE CONGISTIVE MEANT DUE TO Conditions, if any, which gove rise to immediate cause (a), stating The underlying cause last. (c) (c)
CATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO SET THE PROPERTY OF THE PERFORMENT OF THE PERFO
CERTIFICATION	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a, m.
	21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry and in my opinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .
_	EXAMINER'S DOTN T- MALONELI, M.D. ORPUTY MEDICAL EXAMINER D 1-19-59
27	20. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETRY OR CREMATORY 27d. LOCATION (City, fown, or county) (State) Burial 1/22/59 Ft. Lincoln Colman Manor Md.
23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRES 739 Balto. Avelo. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
	Francis Gasch's ons Hyattsville, Md. OAMAN 21'59



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

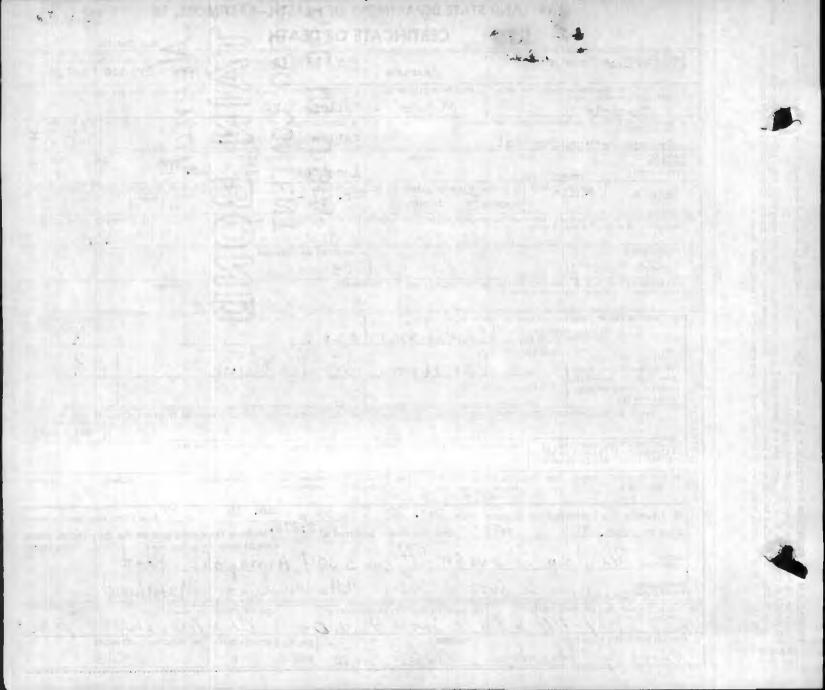
Item 7 FilmG238 2-13-59 et

CERTIFICATE OF DEATH

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Reg. Dist. No.

1. Pt.	COUNTY THE	George		MARYLAND	2. USUAL RESIDENCE	TANG COOL	d lived. If instituti b. COUNTY	on: Residence be	Geor	ge
	CITY OR TOWN (I	foutside corporate fimils, v	vrite c. LENGTH	OF STAY IN 16	c. CITY OR TOWN		rote limits, write R	URAL ond give n	earest town	}
	Cheve		23	Days	College P.	ark /	4			
d.	NAME OF HOSPIT	AL (Il not in hospital, give	street oddress)		d. STREET ADDRESS		3		e. IS RESI	DENCE FARM2
	Prince G	eorge Hospit	2]		5012 Blad	KI oot P	4.0		YES 🗌	NO 🗍
DE	AME OF CEASED (pe or print)	First		Middle	Anzelone	4. DATE OF DEATH	Jan. 1		-,	eor 59
5. SE	emale	MITTER	MARRIED TONEVE	R MARRIED	DATE OF SIRRU	.882	9. AGE (In years last birthday) 75 yrs.	Months Days		, , , , , , , , , ,
10a. t	USUAL OCCUPATION for ing most of work	ON (Give kind of work doming life, even if retired)	Housew		Ttals	tole or foreign co	ountry)	12. CITIZEN	S.A	COUNTRY?
3. FA	THER'S NAME	·	HOUDON	1,2,3,0	14. MOTHER'S MAIDE	N NAME		70.0	202	-
	loseph La	valli			Unknown					
		R IN U. S. ARMED FORCES			Son S	ame as	above	r@15		
11		TH (Enter only one cause TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	per limiter (o), (b)	ond (c).]	tos15			IN OF	TERVAL BET	TWEEN DEATH
	Conditions, if or		Caro	woma	of K	ectu	М		?	
	gove rise to () couse (a), stating lying couse last,				0		•			
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	VEN IN PART 1(0)	PERFO	NO [
	On ACCIDENT WA OR CONTRIBUTING FEITHER, NOTIFY	S UNDERLYING [] 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW I	NJURY OCCURRED	. (Enter nature of injury	in Part I or Par	t () of item 18.)			
MEDICAL	Hour u.m.	10	20d. INJURY OCCU While Not who or work of work	ile foc	CE OF INJURY (Hame, 1 lory, street, office bldg.,	form, 20f. (City etc.)	or town)	(Count)	1)	(Stote)
2	1. I certify th	at I attended the de	ceased fram	Dec. 22	19. 58, to	Jan. L	19 55	,that I last	saw the	deceased
0	live an_Ja	n. 14	1959 , or	nd that death	accurred at 2:2	TP+M, from	n the causes o	and on the d	ate state	d abave
	CTUAL W.	illiam D	Cosson	HH)	10. 5304	Λ	pols	Roal	DA	TE SIGNED
PIN	HYSICIAN'S IAME (Type)_//	ILLIAM D.	Rosson	·MD.	Blader	ushur	a. Ma	tylano		
B	OURIAL, CREMATIO	1-17-5	9 51.		7 Tope	BI	HON (City, town,	VILLA	(Stote	PA.
23. FU	INERAL DIRECTOR'	SIGNATURE	ADDRE	0 0-	- 24a. R	EC'D BY REGIST	TRAR 24b. REGI	STRAR'S SIGNAT	URE	



may be retained by the haspital or attending physician.

TO FUNERAL DIR COR: After this certificate has been signed by the attending physician and completely filled in by properationary page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remavol, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4

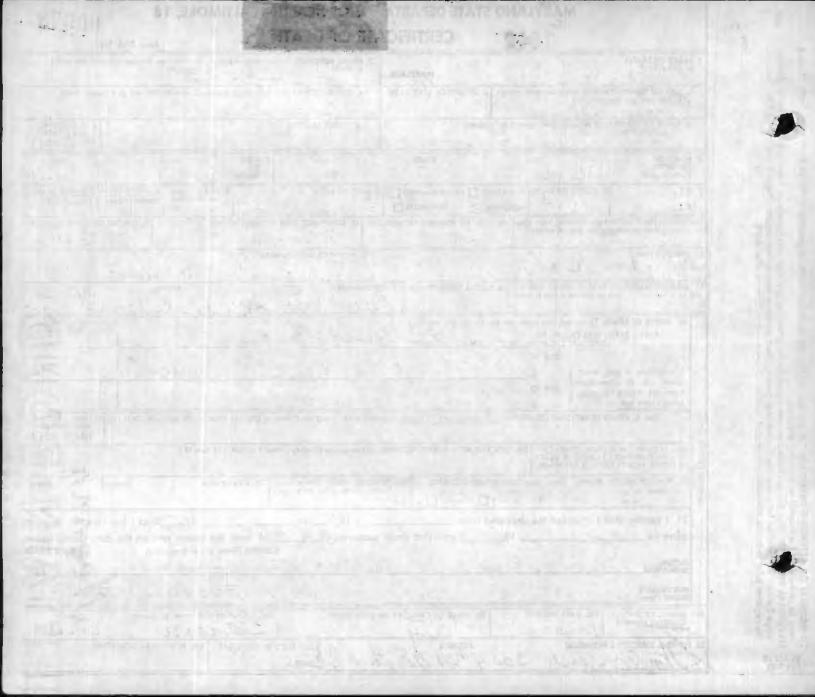
TO HOSPITAL OR

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

Reg. Dist. No.

- Annual			
1.	DEACE OF DEATH COUNTY SUIZE GERRACE MARYLAND	2. USUAL RESIDENCE (Where deceased lived.	. If institution: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 RURAL and give neatest town)	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street eddress) OR HASTITUTION - Pellost Assist	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) MARY E	A R 4. DATE OF DEATH	Month Day Year 1959
5.	female. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8 DATE OF BIRTH PAGE 10st Post	E (In years birthday) Months Days Hours Min.
10	Oa. USUAL OCCUPATION (Give kind of work done dyrigg most of working life, even if retired) Home	STRY 11. BIRTHPLY CE, (State or foreign country)	12. CIRIZEN OF WHAT COUNTRY?
13	Telliam H. Gaines	14. MOTHER'S MAIDEN NAME Thanks Blas	ckshear.
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes. no. or unknown) It yes, give wor or dates of service)	Mrs Why Thoun	a Chon Hill Me
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.	heart Frank	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Part I or Part II of i	tem 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to twork to at work to twork to at work to two two two two two two two two two	ACE OF INJURY (Home, form, 20f. (City or taw ctory, street, affice bldg., etc.)	(County) (State)
	21. I certify that rattended the deceased from. alive on 12, and that death ACTUAL SIGNATURE STORY TERMS (2)	- /1	
	PHYSICIAN'S David R FENAR Die 371	2901 Fas.	chern St. SE.
22	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION IC	esu. (Stote)
23	Jen Lect Sons. 300-4 4. 98	Arsh D 24g. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
2	WILL TO SEE STATE	Hork XIN	



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TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: 24 hours of Tradeath Page 4 may be retained the lastical an attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Rages 1 and 2 shauld be filed with	the registror prior to burial, cremation, or removal, and in any event within 72 hours after death
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VS A15 (4) 1SM 10/57

MARY	LAND	STATE DEPARTMENT OF HEALT	H-BALTIMORE, 18
+	980	CERTIFICATE OF DEAT	

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1.	PLACE OF DEATH					2. USUAL RESI	DENCE (WI	ere decease	d lived. If institu		ence before (admission)
	Pr	ince George	9	MARI	YLAND		14444	dd	b CODN			
		If outside corporate limit		c. LENGTH OF STAY	IN 1b			-	orote limils, write	RURAL one	give neores	il town)
		verly		15 min.		Washi	noton	D.	C1.	right 7	"	
	d NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, g	ive street o	oddress)		d. STREET A						IS RESIDENCE ON A FARM?
_	Prince	Georges Ger	eral	Hospital		1236	10t	h Str	est_N_l	V	Y	ES NO
3	NAME OF DECEASED	Fir		Middle		la		4 DATE OF	M	onth	Doy	Year
	(Type or print)		lyn		Bai	lev		DEATH	Januar	CV	19	1959
\$	SEX	6. COLOR OR RACE		IED NEVER MARRI	3.6	DATE OF BIRT	Н		9 AGE (In year lost birthday			UNDER 24 HRS
_	Female	Negre	WIDOWE	turnet .			1. 19	14	ال ال	rs .		
10	 USUAL OCCUPATION during most of wor 	DN (Give kind of work of king life, even if retired)	ione 10b.	KIND OF BUSINESS (OR INDUST	RY 11 BIRTHP	ACE (State	ar foreign c	ountry)	12 C	ITIZEN OF V	WHAT COUNTRY?
	Domesti	c				774	rgini	9			Mnite	d States
13.	FATHER'S NAME					14. MOTHER'S						U. HUELUGO.
	John	n Butler				IIn	known					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 INI	ORMANT			A	ddress		
[A	is no, or unknown)	RI yes, give wor or dates of s	KAICO]									
AL CERT, HCATION	PART I. DE/ 3 3 / X Conditions, if a gove rise to i couse (a), stoting lying couse lost. PART II OTI	The under- CON AS UNDERLYING CO	Mass. Egge	ential Hyp ONTRIBUTING TO DE	cereb erten	SION OT RELATED TO) THE TERMI	NAL DISEAS	E CONDITION C		(1e) 71	PERFORMED?
MEDICAL	Hour o.m.	Y Month, Day, Yea	While	Not white of work		CE OF INJURY (ory, street, office			r or town)		(County)	(Slote)
	actual signature Physician's Name (Typh)	CHN TO DATE THEREO	1259 Als MAL	oivey,	M.L.	D	145 A	ADORESS (SI	TION (City, town	and on n, stotel	the date	stated abave. DATE SIGNED (State)
	1/417.0	Lin He	At 1-	2305	del	Ild.	DATE	Jan 2:	3 %	-1	0 10	



VS A15 (4) 15M 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1043

CERTIFICATE OF DEATH

Ben. Dist. No.

1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAN	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. STATE b. COUNTY B. 24 15 (1)
b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 11 RURAL and give negrest joyn)	b c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown) XDISTRICT HEIGH
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	2900. RAMBLEWOOD. DRIVE ON A FARM? YES NO TO
3 NAME OF DECEASED (Type or print) LULU J.	BALINGER LOST ANNARY 13 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)	DUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? MAS MIN 97021 D.C.
13 FATHER'S NAME	LARALL C. Ton GONIPF.
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	VIRGINIA S- BALINGER 1900 RAMBHEWOOD
1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	agestive failure Interval Between Dionset And Death
Conditions, if any, which) But TO Myocard	ial desufficience 6-8 years
gove rise to immediate couse (a), stoting the under-lying couse last.	ialastuma / 20-30 yr
5 ternicions H	PUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOSY PERFORMED? YES \(\) NO (2)
OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port 1 or Part II of item 18.)
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e Hour a. m. While Not while of work of work	PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.)
21. I certify that I attended the deceased from June at 12 and 12 and that dec	2 , 1958, to 241 13 , 157, that I last saw the deceased of the accoursed of the courses and on the date stated above.
SIGNATURE SIGNATURE & Lowey	M.D 72.00-Maryband Hill S. E. DATE SIGNED
PHYSICIAN'S S. W. LOWRY MI). District Heighte, Md.
220 BURIAL/CREMAT ON, 226 DATE THEREOF 220 NAME OF CEMETERY 1-16-1959 CEAR R.	Y OR CREMATORY 22d LOCATION (City, town, or county) HILL SUITLAND. NICL.
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
LEE FUNERAL MOME 300. 40h	ST N. E. DATE AN 1 6'59 Chilling & House



24a. REC'D BY REGISTRAR

JAN 1 6 '59

24b REGISTRAR'S SIGNATURE

authur & Ho

VS A15 (4) 15M 10/57

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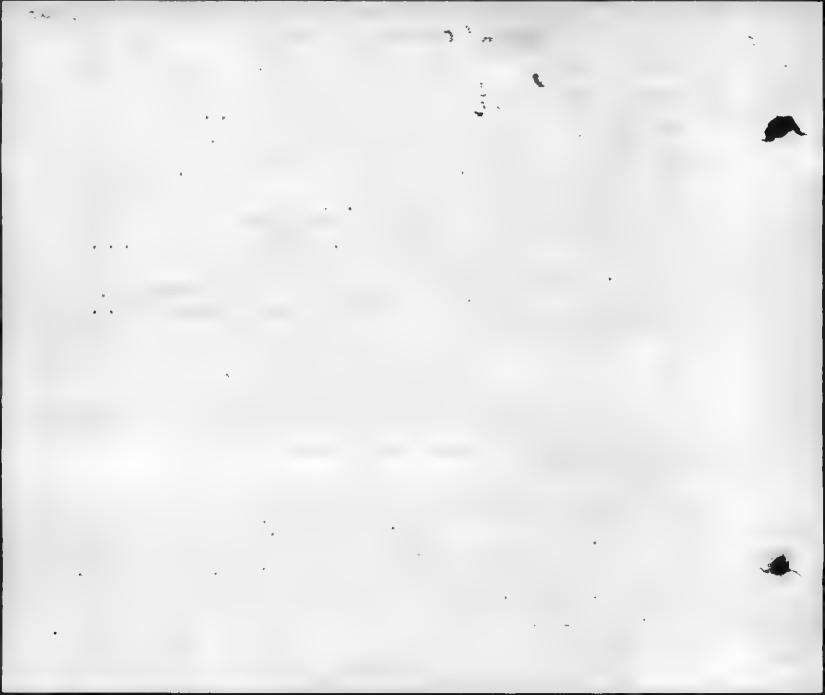
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admiss on) · COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) OR INSTITUTION (If not in hospital, give street address) . IS KES DENCE ON A FARMA YES NO 3. NAME OF M ddle DECEASED (Type or print) DEATH 5. SEX IF UNDER TYEAR! IF UNDER 24 HES Months Days Hours DIVORCED 100, USUAL OCCUPATION (G ve kind of work done 106 KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war or dates of resyste) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED? NO F 200 EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW NULRY OCCURRED (Enter noture of injury in Fact Lar Port II of Hem 18) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (State) factory, street, office bldg., etc.) Not while 0. 70. at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry L opinion death resulted fram: Natural causes N. Accident Suicide , Hamicide , Undetermined manner For DIRECT ACTUAL DATE SIGNED MEF MEDICAL EXAMINER SIGNATURE **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER [7] 27d LOCATION (Eity, top or 0 ADDRESS 23. FUNERAL DIRECTION & SIGNATURE 240, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE MS A15ME Curling !



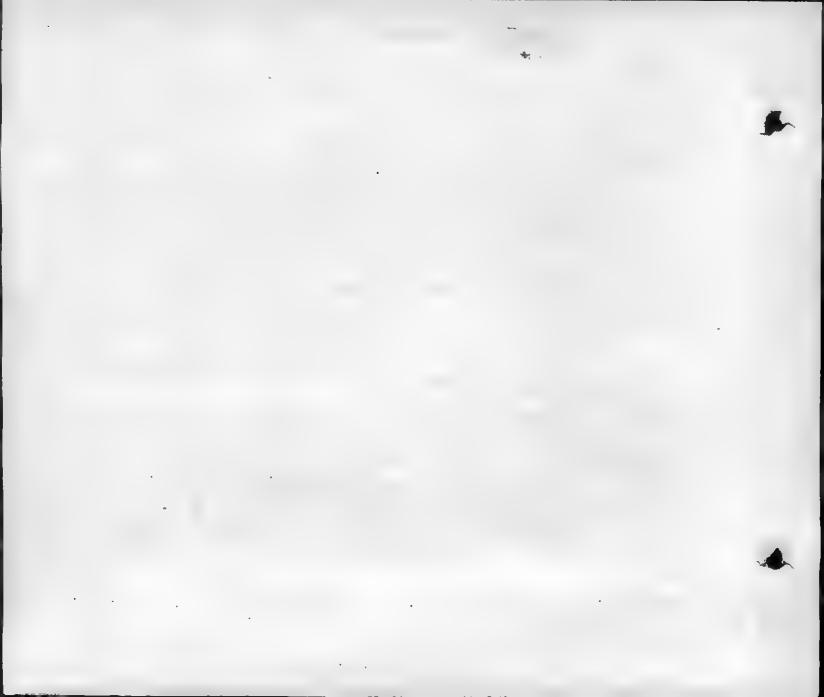
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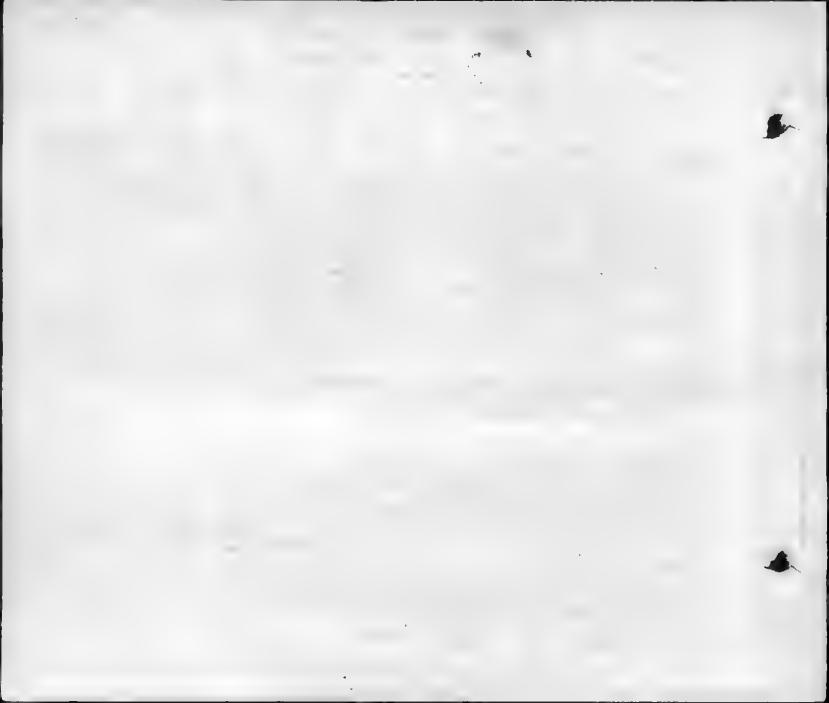
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1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH DEPT.	1, 1	ACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE December COUNTY for the control of the county for the
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Page Page 1 and Nin 72		prograss of working life, even if retired) U.S. auforci I claho U.S.a.
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fing the Charles of t	WED	Hour a. m. 1 - 14 19 15 While Not while factory, street, affice bldg. etc.] Comp Spran PS 76
Oct of the state o		21. 1 certify that I taak thange of the remains described above/ held an Autopsy. [], Inspection [2] Inquiry [2]. Vand in my opinion death resulted fram: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined manner []
HRECT OF STREET		ACTUAL SIGNATURE AND, CHIEF MEDICAL EXAMINER D
TY Me		EXAMÍNER'S NAME (Type) ALL 75 T. 150 V. d. DEPUTY MEDICAL EXAMINER D. 14, 1959
Fundamental Control of the Control o	220	BLEFAL CREMATION. 226 DATE THEREOF 22c. NAME OF GEMETERY OF CREMATORY 220 TOCATION (City from, or county) (Start) REMOVAL (Specify) JAN 19, 1959 articipate Pluterial Circuit (Living to a.)
Q • Q • V S. A15ME	23.	UNERAL DIRECTOR'S SIGNATURE ADDRESS A
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00981 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY .. b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS OR INSTITUTION "At her home" YES NO 4. DATE NAME OF Middle Lost Month Yeor DECEASED DEATH (Type or print) AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours ∠ WIDOWED □ DIVORCED [100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY BIRTIAPLACE (Stole or foreign couplry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) A MOTHER'S MAIDEN NAME 13 FATHER'S NAME IS WAS DECEASED EVER IN U. S. ARMED FORCES? 1 SOCIAL SECURITY NO 17 JUFORMANT 18. CAUSE OF DEATH Enter only one cause per line for (a), (b) fond (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19. WAS AUTOPSY PERFORMED? NO F 201. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20th DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 16) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) foctory, street, office bldg , etc.) Hour o. m. While Not while of work of work That I last saw the deceased 21. I certify/ vat_l attended the deceased fram... and that death accurred at alive an M, fram the causes and an the date stated above. ADDRESS (Street, city or Jown, stote) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN NAME (Type 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF SEMETERY OR CREMATORY 22d LOCANON (City, town, or county) (Stole) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR V5 AIS (4) DAMEAN 2 6 '59 1SM 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1047

CERTIFICATE OF DEATH

MARYLAND

00982 Reg. Dist. No 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY e. IS RESIDENCE ON A FARM? YES NO 195 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? 0.5. INTERVAL BETWEEN ONSET AND DEATH V.1941 3 PERFORMED? YES K NO

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(Stole)

(Slote)

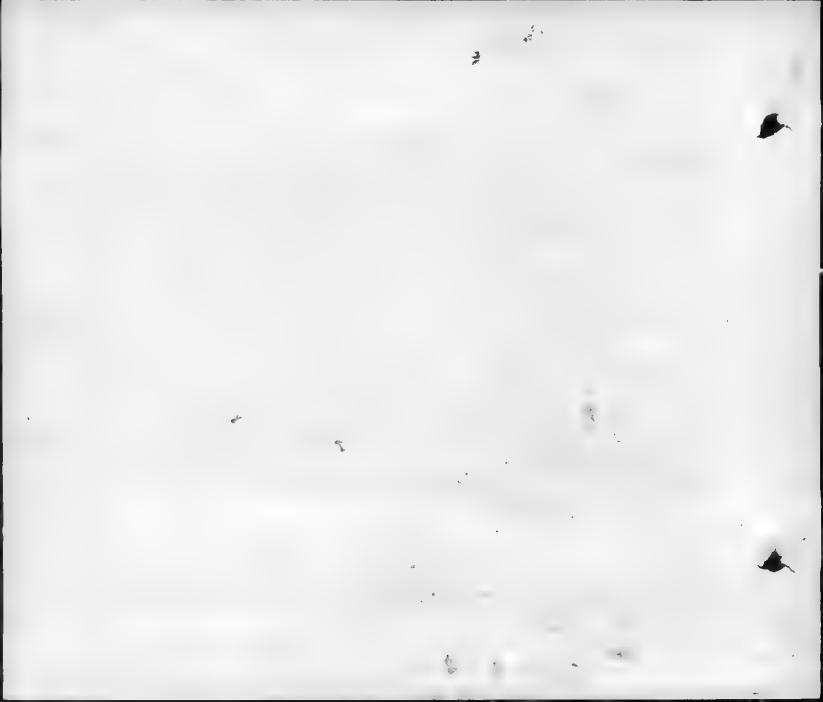
b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RUBAL and give negrest town) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION ANDREWS NAME OF 4. DATE Middle DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE B DATE OF BIRTH AGE (In years lost birthday) 7. MARRIED T NEVER MARRIED WIDOWED | DIYORCED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) New York Housewile 3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Katherine W. Ashmead William Holscher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT HUSBAND-Charles No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) HEART FAILLRE DUE TO HODGKIMS Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoling the underlying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101/19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of ilem 18) MEDICAL 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) - Mour factory, street, office bldg , etc.) Not while While of work of work 21. I certify that I attended the deceased from 25 7015, to 25 7010, 1959, that I last sow the deceased 1945, and that death occurred at \$ 150 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 76. Tau59 DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S S 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION. 22d LOCATION (City, town, or county) bage REMOVAL (Specify) kn. 30. 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR DATE JAN 2

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PLACE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY 6 COUNTY b. CITY OR TOWN I houlside corporate im is. c. CITY OR TOWN (If autside corporate imits, write RURAL and give nearest to IS REJINGTHEE FION (If not in hospital, give street address) & STREET ANDRES ON A FARM YES NO 19 NAME OF Middle DATE Year DECEASED OF 195 (Type or print) DEATH 7. MARRIED COLOR OR RACE VER MARRIED THE DATE OF BIRTH 9 AGE (In years IFAUNDER TYEAR IF UNDER 24 HRS out b ribdey] Hours WIDOWED DIVORCED [yrs 10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ER IN U.S. ARMED FORCES? 17. INFORMANI 15 WAS DECEASED 16. SOCIAL SECURITY NO Address [If yes, give wor or dates of service] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse fast. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILGI. 19. WAS ALTOPSY PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of stem 18) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (State) factory, street, office bldg., etc.) Not while o. m. of work of work p. m. 21. I certify that I tack charge of the remains described above, held on Autopsy 🔃 Inspection : opinion death resulted fram: Natural causes 44 Suicide | Homicide . Accident Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER TO NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county PEMOVAL (Specify) **ADDRESS** FUNERALDIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 7 FilmG238 2-16-59 et CERTIFICATE OF DEATH

Reg. Dist. No. 00984

1. PLACE OF DEATH o. COUNTY Prince George MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b COUNTY Prince George
b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Cheverly c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (ILoutside corporate limits, write RURAL and give nearest fown)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INST TUTION Prince George Hospital	d STREET ADDRESS 6001 Baltimore Blvd. e is residence on a farma yes no i
3 NAME OF DECEASED (Type or print) Robert First Middle C9 Bot	wers 4. DATE OF Jan. Month 19 19 19
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH June 30, 1912 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
Draitsman Washington Sanitary Divis	ion Maryland USA
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Claude C. Bowers	Edna Davis
(Yes no or unknown) (If yes, give wor or dates of service)	NFORMANT Address
no 218240695 C 18 CAUSE OF DEATH [Enter only one couse per line for [o], (b], and (c).]	laude C Bowers Riverdale, Md.
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. PART II. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) GASTRO INTESS DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT	9.45TMC 21.LCC1 /MOS. NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES AND
OR CONTRIBUTING O CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18)
ZOc. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. While Not while for work 19 of work 10 transfer of work 19 of work 10 transfer	ACE OF INJURY (Home, farm, 20f (City or town) (County) (State) clary, street, office bldg , etc.)
21. I certify that I attended the deceased from OcT dive an JAN 14 19 59, and that death ACTUAL SIGNATURE MANNER (SPOR) NON AT CONTACT OF NAME (1990)	accurred at M, from the causes and on the date stated abave. ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
220 BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 1/16/59 Ft Lincoln C	Calman
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville Mary.	land. DATAN 1 6 '59 Carry & Kang



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NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

IO HOSPITAL OR ATTENDE	nay be retained by the ho	TO FUNERAL DIREC	page 3 should be retached	the registrar prior to buria
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\perp		keg. Dist. No.
1.	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived if institution Pesidence before admission) o. STATE Maryland b. COUNTY Prince Georges
L	Trivele Georges marrane	
	b. CITY OR TOWN (If outside corporate lights, write FURAL and give nearest fown) 6 months	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	orestville Md	Forestville Md.
П	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
F	Alms house	Ritchie Road YES NO
3	NAME OF DECEASED (Type or print) CLAREACE Woodbury	Brady DEATH Land 1953
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
L	// / WIDOWED DIVORCED	May 7, 1879 Post birthdoy) Months Doys Hours Min
16	OG USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
L	self	Maryland USA
13	FATHER'S NAME ATMET	14. MOTHER'S MAIDEN NAME
	Stephen Brady	Mary Havner
Ľ		NFORMANT Address
L	no none	ra Wood Washington D. C.
Г	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	
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	(Conditions, if any, which) (b) arterioscleros	be heart disease 6min.
	gove rise to immediate couse (o), stoling the under-	0
	lying couse lost. (c) General art	erischeroses linkmeres
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAT	Troshale gland Komerca P.	Nº 0 Gorges Hostiles. 1952 YES NO E
CEPTIEICATION		D. (Enter majore of infury in Port 1 or Fort II of item 18.)
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MED	Haur a. m 19 While NoT while of work of work	ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Jurie	9, 1958, tg / 024 12, 12, 1954, that I last saw the decease
	f st A. M.	accurred at C. M. from the causes and on the date stated above
	direction of the second of the	ADDRESS (Street, city or lawn, stote) DATE SIGN!
	SIGNATURE PEULPOTAVILLASION	M.D. 5 440 SILVE & HILL HILL SE
	PHYSICIAN'S PAULC, LANDALTAIL	presa shong Con 28 hs.
27	REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY C	(3.0.4)
	Burial Jan 15, 1959 Holy Trinit	
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	Gasch's ons Hyattsville Md.	DATEAN 1 6 '59 Corting S. Huma

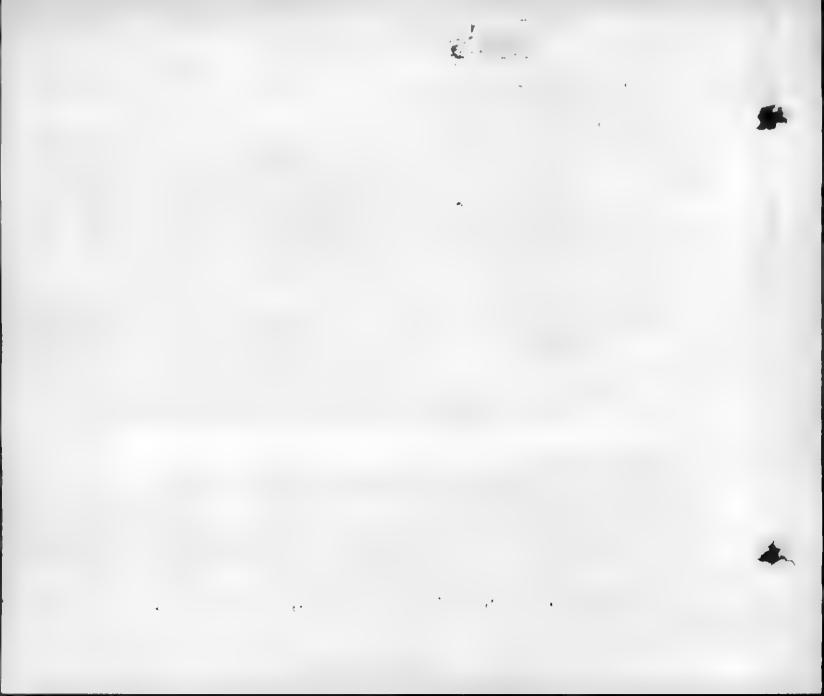
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מאווים כני שוויים ושל ביות ושל ימא ופלחוים	t be retained by the hospital or attending physician.	INERAL DIRECTOR: After this certificate has been signed	a 3 should be a sached for use as the burial-transit permit	registrar priar to burial, cremation, or remayal, and in an
CA STENENT CALLED TO THE TOP TECTOR TECTOR	ay be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed	age 3 shauld be a sached for use as the burial-transit permit	e registrar priar to burial, cremation, or remayal, and in an
The second of th	may be retained by the hospital or attending physician.	TO FUNERAL DIRECT R. After this certificate has been signed by the attending physician and campletely filled in by the angle directs	page 3 should be a stacked for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 sh	the registrar priar to burial, cremation, ar remayal, and in an

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3 1	Prince	Georges Ge	hers	1	Middle	1 .		4. DATE		ve mie				NO
- 1	DECEASED (Type or print)		31		migate	94	Lost	OF DEAT		Mon	耶	Do	¥	Year
5. 5		6. COLOR OR RACE	7. MAD	PIED [] NEV	/FO MADDIED I		ATE OF BIRTH			E (In years	IF UNDE	RTYEAR	IF UND	ER 24 HRS
	_	[_	WIDOW		DIVORCED []		12/11/73	,	los	85 yrs	Months	Days	Hours	Mn.
10a	USUA, OCCUPATIO	Colored N (Give kind of work	done 10b		USINESS OR IND	USTRY	11 BIRTHPLACE (Stote	or foreign	country]		12 CI	TIZEN O	F WHA!	COUNTR
	during most of work	ing life, even if retired)				Pri. Geo	. Co.	. M	d.	U	S.A		
13.	FATHER'S NAME					1	4. MOTHER'S MAIDEN I							
				Unkno	wn		Unl	knowr	1					
15. IYes	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SEC	URITY NO 17.	INFO	RMANT			Add	ress			
		TH [Enter only one co	p.	ine for (o), (t	o). and (c).)	400	(* /	Co.			***	INTE	RVAL BI	ETWEEN DEATH
	Conditions, if an gove rise to in couse (a), stating t	mediate (kri	teno	٤	clesotee	A.	La	lis				
CERTIFICATION	lying couse lost. Part If: OTH) (c ER SIGNIFICANT CON		CONTRIBUTI	NG TO DEATH BL	JT NO	T RELATED TO THE TERM	INAL DISE	ASE CON	IDITION GIV	EN IN PA	RT 1(o) 1	PERF	AUTOPSY ORMED?
	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW	INJURY OCCURR	ED. (E	nter noture of injury in	Port I or P	ort II of	item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Month, Day, Ye		NJURY OCC Not w		PLACE	OF INJURY (Home, form, street, office bldg., etc	n, 20f (C	ity or to	wn)	((County)		(Stote)
	21. I certify the alive on	at I attended the	deceas					2.0Ynfr	om the		nd an i		te stat	
	PHYSICIAN'S NAME (Type) Wi		ossor	1, MD	530h An	nar	olis Rd.	Blade	nsbu	rg. W	d			
220	REMOVAL (Specify)	226 DATE THERECO	F S	22c NAM	CLA CA	OR CR	REMATORY	22d LOC	ATION (7 /261	county)	,	17/2/	(e)
23.	FUNERAL DIRECTOR'S	SIGNATURE (L. CLOTOS)	tes +	ADDR	ESS /6 / //		27/1	D BY REGI	istrar '59	24b REGIS		GNATUI		
	7													

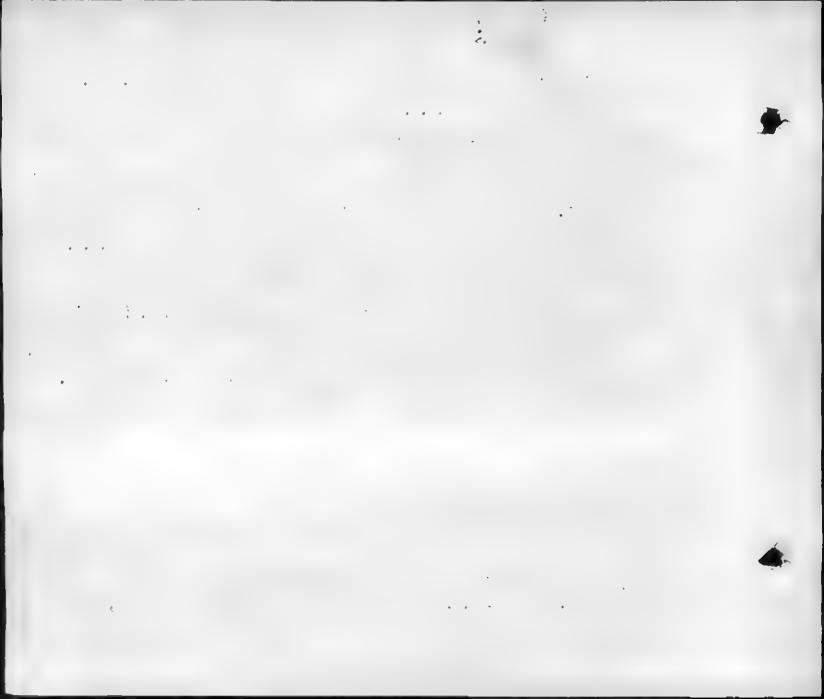
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



HEALTH	DEPT.
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please a execute the certificate, writing the word "Manding" in pencil in Item 18. Give Towns 12, 2 and 3 to the funeral director. Page of should be founded for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the Chief Medical Examiner's Office along with form 18 may be made and 2 with the State Both. Health, It is not its designated agent, prior to burial, cremation, ar remard, and in any event within 72 hours after death.	X
lay is neces named and rained for late Both.	A
d 3 to the f may be re with the 5	
TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the certificate, writing the word "Banding" in pencil in Item 18. Give Domes 1, 2, and 3 to the fuseral day should be for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by CFUNERAL DIP 7.2R: Page 3 should be vised as a burief-transit permit. File pages 1 and 2 with the State Both or its designated agent, prior to burief, cremation, ar remayal, and in any event, within 72 boars after death.	1
Give Rours Give Rours with form PA B. File po	
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TY MEDIC the certified to be for RAL DIR lesignated	*
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'		LACE OF DEATH	Prince	Geor	ges		MARYLAND	2. USUAL RESID	2.0	^{Vhere} dece vland		f institute	Pr. Ge		on}
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		Female	col		WIDOWED		ORCED [Oct	1873	3	lest birthdi	yrs.	Months Days	Hours	Min.
	10a	USUAL OCCUPAT	ION (Give kind	of work d	one 10b K	IND OF BUSIN	ESS OR INDUST	RY 11. BIRTHPLA			country)		12. CITIZEN	OF WHAT C	OUNTRY
1	ಧ	uring most of work Housey	ing life, even in	retired)				Mar	yland	d			U.	S.A.	
1	13.	FATHER'S NAME						14. MOTHER'S M	MAIDEN	NAME					
ji j		James	Green						Un	known					
	15.	WAS DECEASED E	VER IN U S A	RMED FOR	CES? 16	SOCIAL SECUR	ITY NO. 17 II	NFORMANT				ddress			
	1144	No	(It yas, give wer	01 (00101 D) 1	a.Ascal		C	has J, B	rown	80	8 58th	Ave	nue, N	•E•	
		18. CAUSE OF DE	ATH [Enter on	y one cour	e per line i					,	arraig o	UIL9 .	LI.U.	ERVAL BETWEE	4
			ATH WAS CAU	SED BY				hand for	2 7				ON	SET AND DEAT	н
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!		(o), slating the		DUE TO											
		cause lost.	,	(c)_	NITIONIC CO	· · · · · · · · · · · · · · · · · · ·	0.0000000000000000000000000000000000000	107.00							
	힕	PART II, O	THER SIGNIFIC	ANT CONL	MIONS CO	WIKIROTING I	O DEATH BUT I	NOT RELATED TO T	HE FERM	NALDISEA	SE CONDING	ON GIVE	N IN PART I(o)	19. WAS AL	MED?
}	3													YES 🗌	NO 🏢
	CENTIFICATION	200. EXTERNAL CAPRIMARY () or CO	ONTRIBUTING (206	DESCRIBE	HOW INJURY	OCCURRED (E	nter nature of inju	ry in Perl	t I or Part I	Lof (tem 18)	}			
		20c. TIME OF INJ		Doy, Yeo	. 1204 1	NITED OCCUR	PED 20- 814	CE OF INJURY (Ho	1	. DOI 10			45 1		/f h
	WEDICAL	Hour a. m			While	Not wh	ile focto	ory, street, office b			iy or rown)		(County)		(State)
	×	p. m		19	of wo					Party.					
		21. I certify	that I fook	charge	of the r	emoins de	scribed obo	ve, held on /	Autops	у Ц,	Inspection	ı,	Inquiry X	, and	in my
		op'nian death	n resulted fi	ram: N	laturol c	auses 📆,	Accident	, Suicide		Homicid	e 🔲, U	ndeterr	mined manr	ier	
		/	7 /	- A	A /	7		-						DATE SIG	CNED
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		EXAMINER'S				9		ASSISTAN	T MEDIC	AL EXAMIN	ER 🗀				
à		NAME (Type)	John T.	Mal	oney,	M.D.		DEPUTY N	AEDICAL I	EXAMINER	J. J.	anua	ry 15,	1959	
	220.	BURIAL CREMAT		E THEREO	F	22c NAME OF	CEMETERY OR	CREMATORY	-	22d LOC	ATION (City.	lown, or	county)	(Stole)	
	В	urial	"	20.	-59	mr.	alle	-er		131	ade	uc	terra	3/1 7	77 2
	23.	FUNERAL DIRECTO	R SIGNATUR	-	-	ADDRESS			240. REC'I	D BY REGIS	TRAR 246	REGIST	RAR'S SIGNATI	JRE	-4 y -1
	1	lenry 1.0	Vashn	n gin	4-Ja	0 46.	1 Not	na	DATERN	1 9 '5	9	p- 19	7 190	A	
			W Total	~						<u> </u>	11111	- * '		-2	= .



(Stote)

22c. NAME OF CEMETERY OR CREMATORY

FT. LINCOLN CREMATORY

72d. LOCATION (City, town, or county)

GEO. COUNTY, MD.

24b. REGISTRAR'S SIGNATURE

PRINCE

24a, REC'D BY REGISTRAR

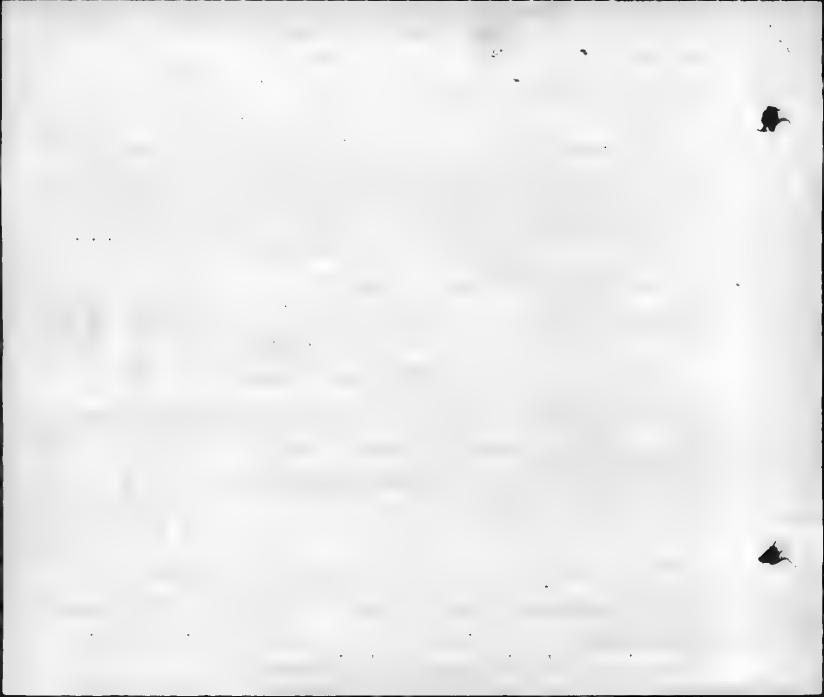
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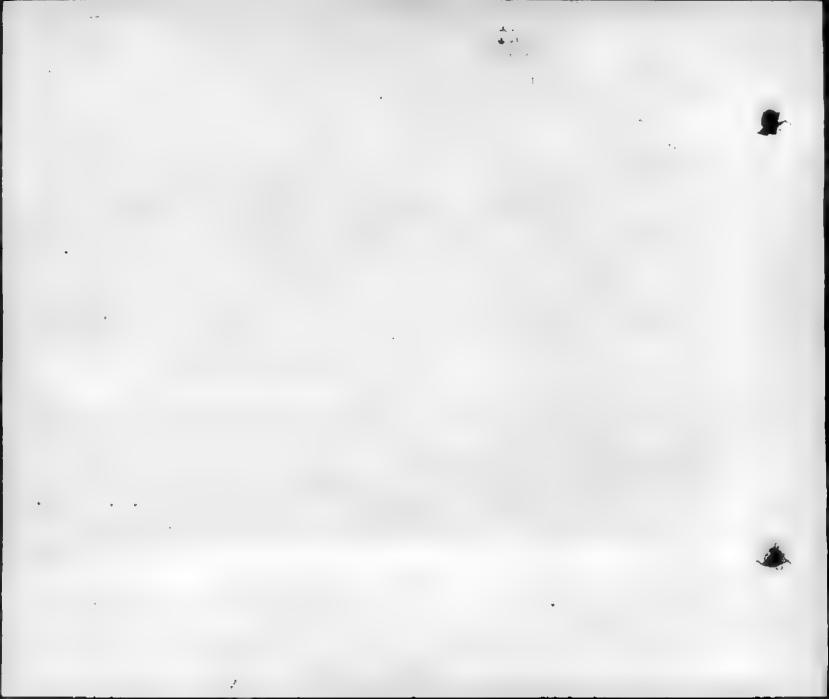
22a. BURIAL, CREMATION,

REMOVAL (Specify

22b. DATE THEREOF





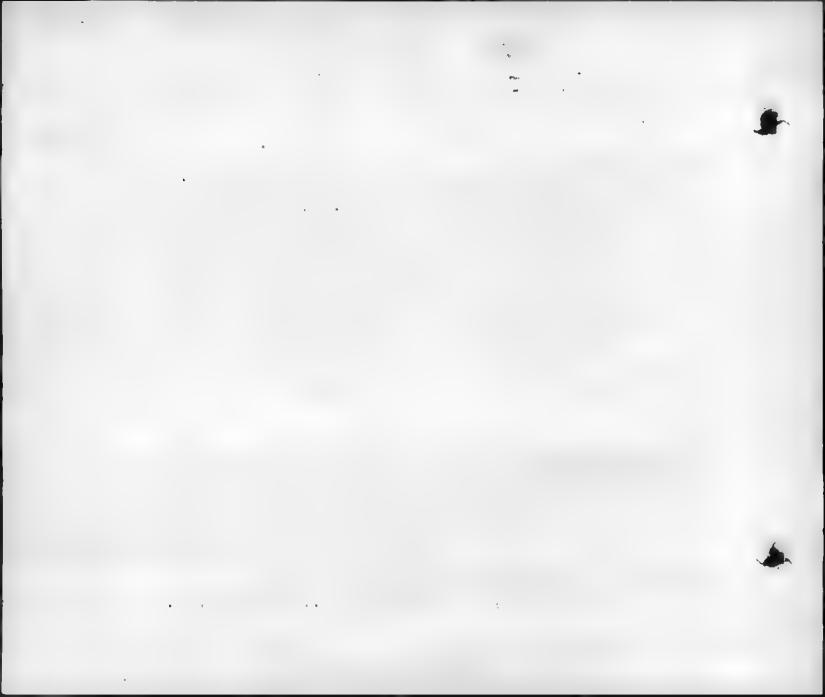


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after death,

that the death

15M 10/57



CERTIFICATE OF DEATH Reg. Dist. No. director 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 1. PLACE OF DEATH p. COUNTY **6. COUNTY** 7 b. CITY OR TOWN (If outside cornorate limits, write C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If dutside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Hyattsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE First Middle Month Day Yeor DECEASED OF (Type or print) 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF LINDER 1 YEAR IF LINDER 24 HRS 5 SEX 8 DATE OF SIRTH 9. AGE fln years last bushday! Months Davi Hours DIVORCED [WIDOWED C YES 12. CITIZEN OF WHAT COUNTRY? 100, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl nove WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 2 guip CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO per cosse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO IN 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (Stote) (County) factory, street, office bldg., etc.) Hoer o.m. While Not while of work of work O. m 1954 that I last saw the deceased 21. I certify that I attended the deceased from. alive on / and that death occurred about M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote). DATE SIGNED ACTUAL SIGNATURE DIRECTION IN DE HOSPITAL PHYSICIAN'S NAME (Type) FUNER 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 1010 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



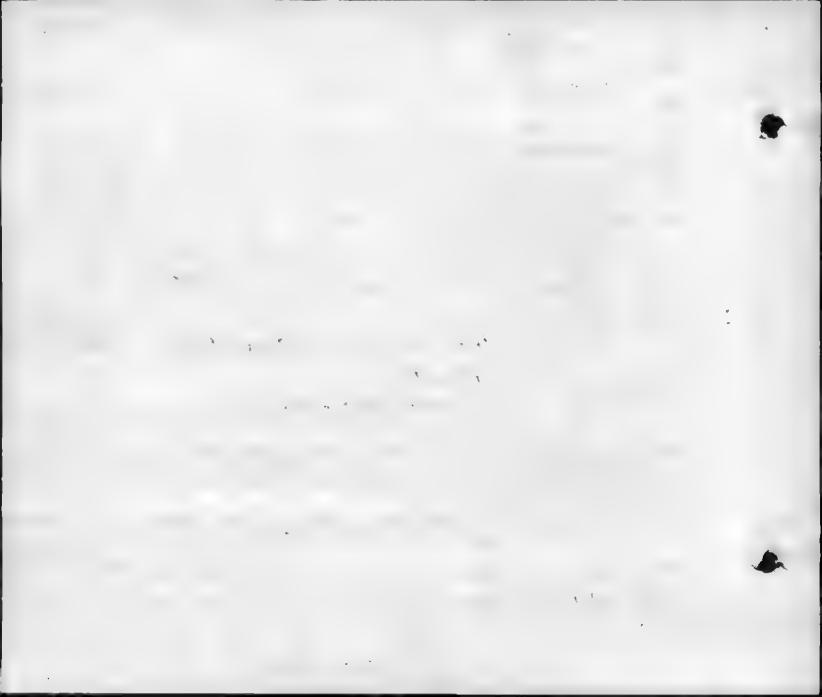
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

FUNITAL DIRICALER: After this certificate lass lieen signed by the ottending physician and camplelely filled in by the nertal director, age 3 should the Mached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 to 3 be filed with the registrar prior to burial, cremation, at remayal, and in any event within 72 Maurs offer death.

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	A15	(4) 1/57

L	1849 CERTIFICA	IE OF DEATH	Reg. Dist	. No.
1.	PLACE OF DEATH COUNTY AMARYLAND	USUAL RESIDENCE (Where deceased in	b COUNTY	U
-	b CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b	c CITY OR TOWN (if outside corporate	e limits, write RURAL and giv	re nearest town
	Tark(and 45grs 45grs	X Tarkkam	1_	
	d NAME OF HOSPITAL (If not, in hospital, give street oddress) OR INSTITUTION 55 14 1 and Jane Court	o STREET ADDRESS	& Court	e IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Middle	LOH 4. DATE OF	Month	Day Year
	(Type or print) ATHERINE	DEATH	1 6	1/ 1859
5	τ .	DATE OF BIRTH	last b'rthdoy) Months D	YEAR IF UNDER 24 HRS
C 10	HOM ALO CAUCAS AND OF BUSINESS OR INDUSTR	ANG 16,1905	55 yrs.	EN OF WHAT COUNTRY?
	during most of working life, even if refred)	Washington	Die 1	LICA.
13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	000	
16	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INF	Jennie \	Shughe	vre .
13	To. no. or unknown (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO 17 INF	OMANT	Addre(s)	
	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	. /	to .	INTERVAL BETWEEN ONSET AND DEATH
		yurin Heart	failure.	6 yns.
	410 X DUE TO			3111
	Conditions, if ony, which gove rise to immediate (b) Miller Stures is			yn.
		ART PISION.		311/Ra.
OF N	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART	1(a) 19 WAS ALTOPSY PERFORMED?
FICA	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED	Esta astro of John or Part I or Port II	of them 18 3	YES NO
L CERTIFICATION		tenier nature or injury in corr t or Fact to	ot tiem 10.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC While Not white of work p. m. 19	E OF INJURY (Home, form, 20f. (City or ry, street, office bldg., etc.)	town) (Co	ounty) (State)
	21. I certify that I attended the deceased from 10 - 30	1952 10 1-21	, 19.6 £,that I la	ist saw the deceaser
		ccurred at 11-12 M, from t	he causes and on the	date stated above
	SIGNATURE STORMS I. CA CO O CO M.	D. 380/ S	e i Y L Garal 1	DATE SIGNED
	PHYSICIAN'S John J. CALARCE M.D.	· · · · · · · · · · · · · · · · · · ·	ash. 20 Ac.	
22	Bremoval ispecify 24 Date THEREOF 22 NAME OF CEMETERY OR OF CHIEFTY OF Chief		NYCity, lown, or county!	n Kistotel
23	V.W. Crambers Co. Washington	DIC 240. REC'D BY REGISTRAL DATE N 2 6 159	R 246 REGISTRAR'S SIGN	
-		I PAIR IN CO	A. 700	LLC.



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00002
•	L	CERTIFICATE OF DEATH	00334 Dist. No.
()		HACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Res o. STATE D. C. COUNTY b. COUNTY	idence before admission)
- 1		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nd give rearest town)
	E	1. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1. Le la c. d Minne in la 1. 4498, 4904 River da Le, Rd.	e is residence on a farm? Yes No N
		NAME OF First Middle () Lost OF DEATH Month OF DEATH	Day Year 2 9 19 5 9
	5 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH White WIDOWED DIVORCED 1- 28 5-9 9 AGE (In years lift) Monil yrs	DER 1 YEAR IF UNDER 24 HRS
_ \	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME THOU NOT KNOWN Chi	hr)
- 100.00		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address I [If you, give wor or dotes of service] Address HOSPIJA RECORDS 44408/	Vire shury, Rd
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PULL MEANING (Bran Alisel)	ONSET AND DEATH
		Conditions, if any, which gove rise to immediate (b) Certification of mediate	17. hom
	7	lying couse lost.	-
Ø	CATIO	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTING TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	L CERTIFI	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
	■E⊞CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at work at work.	(County) (State)
		21. I certify that I attended the deceased fram. $1-28$, 1959 , to $1-29$, 1959 , that alive an $1-29$, 1859 , and that death accurred at 29 . M, from the causes and a	
		ACTUAL SIGNATURE Lond In Alberta M.D. 4008 Blacker Liver Ro	DATE SIGNED
1		PHYSICIAN'S LOUIS M. J/MAL	
	220	BUR AL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Colman Manor Colman Manor	ty) (Stote) Md.
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS4739 Balto. Av 840. REC'D BY REGISTRAR 246. REGISTRAR'S CANCIS Gasch's Sons Hyattsville, Md. DATE EB 2 159	SIGNATURE



death.

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MENT OF HEALTH—BALTIMORE. 18



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
COD CTATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE	Reg. Dist. No.
DO 2	o. COUNTY O. STATE O. STATE D. COUNTY D.
8:5	MARILAND MARILAND MARILAND
	b CITY OR TOWN (If gut de corporate limits, write RURAL and give nearest town)
	Chevery 2001 - armound Heights
5 to 17 7	NAME OF HOSPITAL OR INSTITUTION (Manat in hospital, give street address) of STREET ADDRESS e. IS RESIDENCE ON A FARM
P e ed	muce fortes Jen Hosp 602-62 mil whe Ires NOE
Stori	3. NAME OF DECEASED Lost 4. DATE Month Doy Year
t e t e	(Type or print) Thysbell (Day DEATH) - 12 5919
d yar	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DAY OF BIRTH 9. AGE (In your) IF UNDER 14 FAR IF UNDER 24 HR
© 4 ± 50	remale ccl - widowed & divorced 1-4-63 76 yrs Months Days Hours Mr
Z h	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fereign country) 12 CITIZEN OF WHAT COUNTS 12 CITIZEN OF WHAT COUNTS
200 E V	Wangland US7.
25 8 g /	13. FATHER'S NAME
2 2 2 5	Charles Servan Sophie Millen
File	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
1 1 1 E	Mellie Colbert, some address
2 P P P P P P P P P P P P P P P P P P P	18. CAUSE OF DEATH [Enter only one couse per line to (o), (b), and (c).]
Ten in the second secon	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cerebral vascular a ecalent
in i	DUE TO O A A A
i i i i i i i i i i i i i i i i i i i	(Conditions, if any, which) por (crebral arterior election)
2 6 3 0 0	gove rise to immediate cause (a), stating the underlying DUETO
	couse fast.
d ding	PART IF OTHER SIGNUTEANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
near see leave	3 somety YES NO
	20b. DESCRIBE HOW INJURY OCCURRED (Enlar nature of injury in Port I or Part II of item 18)
P P P P P P P P P P P P P P P P P P P	C CAUSE OF DEATH.
9 2 2	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) Hour o. m. While Not while foctory, street, office bidg., etc.)
0 0 0	Hour o. m. While Not while of work of work
Pog Pro	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in m
98.5	opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
O PAT DO	1 1 - and 1
200	SIGNATURE SIGNED MD. CHIEF MEDICAL EXAMINER D
be f	ASSISTANT MEDICAL EXAMINER
des des	NAME LTYPEY JOHN T. MALCINEY, M.D. DEPUTY MEDICAL EXAMINER SC 1-12-59
N S S S S S S S S S S S S S S S S S S S	220. BURIAL, CREMATION, 22b. DATE THEREOF ZZC. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stute)
9400	Burial 1/15/59 Woodlawn Washington, D.C.
S A15ME	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
3 M 2 57	John 1. Slewart 30- H-St., N.F. DARN 1 4'59 C "19 I Thouse

5M 2 57

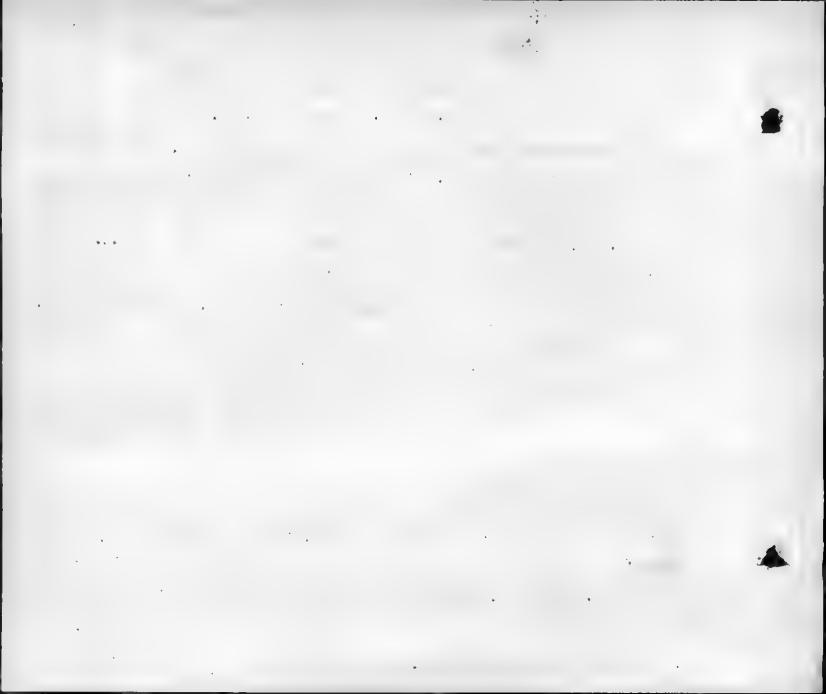


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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





FOR STATE HEALTH DEPT.

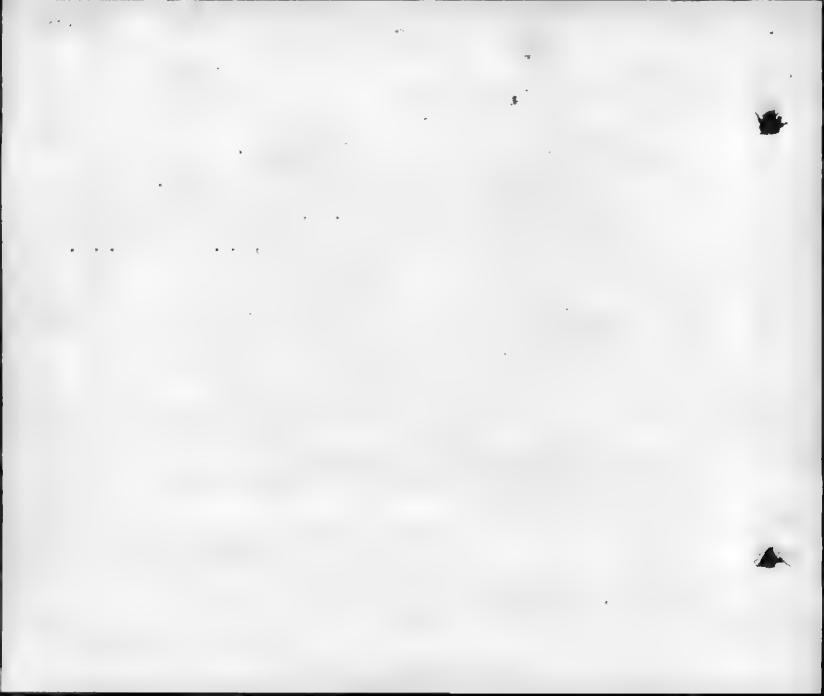
far. Poge TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necess execute the certificate, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral direct should be for the fact that the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIR COOK: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bot ar its designated agent, prior to burial, cremation, ar removal, and in any event within 2 hours after death.

2 4 2 VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

20c TIME OF IN.URY Month, Doy, Year 20d IN.URY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Stole) 1/20/19 59 While of work of	l	1050					Reg. Dist. No	١.	
Prince George 18. MARYLAND MATYLAND MATYLAND MATYLAND C. CITY OF TOWN If endids corporate limit, write RURAL and give necessal town) Oak. Knoll d. NAME of hostital DE INSTITUTION (if nor in hospital, give street address) 47314 East Avenue 3 NAME of hostital DE INSTITUTION (if nor in hospital, give street address) 47314 East Avenue 3 NAME of hostital DE INSTITUTION (if nor in hospital, give street address) 47314 East Avenue 3 NAME of hostital DE INSTITUTION (if nor in hospital, give street address) 47314 East Avenue 3 NAME of the Street Avenue 4 NAME of the Street Avenue 4 NAME of the Street Avenue 5 STREET ADDRESS 4 Avenue 5 STREET ADDRESS 4 Avenue 5 STREET ADDRESS 4 TABLE STREET ADDRESS 4 Avenue 5 And the Street Avenue 5 And the Street Avenue 6 And the Street Avenue 7 STREET ADDRESS 4 TABLE STREET ADDRESS 6 COLOR OF RACE Americal Street Avenue 6 And the Street Avenue 7 And the Street Avenue 8 And the Street Avenue 9 And the Street Avenue 10 And the Street Avenue 11 And the Street Avenue 12 And the Street Avenue 13 NAME of hostital Avenue 14 And the Street Avenue 14 And the Street Avenue 15 And the Street Avenue 16 And the Street Avenue 17 And the Street Avenue 18 And the Street Avenue 19 And the Street Avenue 19 And the Street Avenue 10 And the Street Avenue 11 And the Street Avenue 12 And the Street Avenue 13 And the Street Avenue 14 And the Street Avenue 14 And the Street Avenue 15 And the Street Avenue 16 And the Street Avenue 17 And the Street Avenue 18 And the Street Avenue 18 And the Street Avenue 19	1			2 USUAL RESIDENCE (V	Vhere deceased live	d. Hanstdub	an Residence be	fare odm	ss(on)
b. CITY OR TOWN If would dependent town, were treat and provent town. Cat. Knoll Cat. Knoll A NAME OF NOOPTHAL OR INSTITUTION (if nor in hospitals, give street eddress) 1731 East Avenue Nooth Control or Noth December of the Control of the Co			MARYLAND	o. STATE Marvl	and	P COUNTY	Prince G	eorg	els
Cale Knoll A. NAME OF NOMITAL OF INSTITUTION (If not an bospital, give stream oddress) 1731; East Avenue 174; East Avenue 175; No.	-	b. CITY OR TOWN (If outside corporate limits, wide RURAL	c. LENGTH OF STAY IN 16						
d. NAME COF NOSPITAL OR RESTRUTION (If nor in hospital, give times address) 1731k East Avenue 1731k East Avenue 1731k East Avenue 1731k East Avenue 1751k Avenu			24 wears	X Oak Knol	1.3.				
1734 East Avenue 1734 East Avenue 1734 East Avenue 1750 NAME OF First Shall of the state of t									
Decays Decays Departs Devis Davis Davis	_	4734 East Avenue		4734 Eas	at Avenue	* Ye (2004) (2007)	N: PMICE	_	_ 7/30
S. SEX S. COLOR OR RACE 7. MARRIED NIVER MARRIED 8 DATE OF BETH 1,1908 1,000 1,	3	DECEASED		Lost	O# -				
Female White widowed Divorced February 11,1908 International Days Mouris Mour			* * * * * * * * * * * * * * * * * * *					,	-
To USLAT OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slobe or foreign country) 17 CHTZEN OF WHAT COUNTEY during moned without give, even if refered) 18. FATHER'S NAME 18. MOTHER'S NAME 19. MOT	5.				fent I	orphday)			grane .
Address Addr	_			· · · · · · · · · · · · · · · · · · ·	1	50 yn.			
13. FATHER'S MAME	10	a USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if relifed)	IND OF BUSINESS OR INDUST				12 CITIZEN O	TAHW 1	COUNTRY
The contribution Petersen	-	AAS STO SE AND SELECTION OF THE SELECTIO	wn Home						
15. WAS DECRASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT JOHN Malcolm Davis, same as # 2 18 CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: MANIFOLATE CAUSE (b) Asphyxia Due to	1								
It cause of Death [Enter only one course per line for (e), (b), and (c)					nompson				
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) ASPNYXIA	l h	NO BY STREET OF THE STREET OF			Davis, s		# 2		
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) ASPNYXIA	F	18 CAUSE OF DEATH [Enter only one course per line	for (o), (b), end (c)]	4	-		INT	RVAL BETWE	[[[]]
DUE TO Conditions. if any, which gove rise to immediate couse [b], stoting the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) [19. WAS AUTOPSY FEN ORMED? YES, NO] DOE: EXTERNAL CAUSE WAS FRIMARY TO CONTRIBUTING 200 DESCRIBE HOW INJURY OCCURRED (Enfer noture of injury in Part I or Part II of Item 18) FOLLOWING THE OF INJURY Month, Doy, Year 200 INJURY OCCURRED (Enfer noture of injury in Part I or Part II of Item 18) Foll down stairs and lodged between stiars and door at bottom of the prince of injury in Part I or Part II of Item 18) FOLLOWING THE OF INJURY Month, Doy, Year 200 INJURY OCCURRED (Enfer noture of injury in Part I or Part II of Item 18) FOLLOWING THE OF INJURY Month, Doy, Year 200 INJURY OCCURRED (Enfer noture of injury in Part I or Part II of Item 18) FOLLOWING THE OF INJURY Month, Doy, Year 200 INJURY OCCURRED (Enfer noture of injury in Part I or Part II of Item 18) FOLLOWING THE OF INJURY Month, Doy, Year 200 INJURY OCCURRED (Enfer noture of injury in Part I or Part II of Item 18) FOLLOWING THE OF INJURY Month, Doy, Year 200 INJURY OCCURRED (Enfer noture of injury in Part I or Part II of Item 18) FOLLOWING THE OF INJURY MONTH I OF PART II OF ITEM 18) FOLLOWING THE OF INJURY MONTH IN PART I(o) II. WAS AUTOPSY TEST ON THE TERMINAL INJURY (Home, form, 120, (City or town) (County) (Stote) (County) (Stote) (Sto		PART I, DEATH WAS CAUSED BY:					ONS	ES AND DE	ATH
Conditions, if any, which gove rise to immediate course [6]. Due to compression of upper respiratory tract Due to compression of upper respiratory tract Due to compressi		Ora -	Warter						
gove rise to immediate cause [a], stating the underlying course lost. 7	L	Three	to compression	n of upper re	espirator	y trac	t		
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PART II. OTHER FOR II. OTHER TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PART II. OTHER FOR II. OTHER TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PART II. OTHER FOR II. OTHER TERMINER II. OTHER II. OTHER II. OTHER II. OTHER III.	L	gove rise to immediate cause				·		-chara.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? YES NO [] 200. EXTERNAL CAUSE WAS PRIMARY IF OF CONTRIBUTING [] CAUSE OF DEATH. Fell down stairs and lodged between stiars and door at bottom 70c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Enfer noture of injury in Part I or Port It of Item 18.) Toc TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Enfer noture of injury in Part I or Port It of item 18.) Toc TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (County) (Stole) Toc TIME OF INJURY Month, Corp., Iffect, office bldg., etc.) Oak Knoll Prince Geo. Md. 21. I certify that I took charge of the remains described above, held an Autopsy [2], Inspection [3], Inquiry [4], ond in my opinion death resulted from: Notural causes [3]. Accident [4]. Suicide [7], Hamicide [7], Undetermined monner [8] ACTUAL SIGNATURE EXAMINER'S Janes I. Boyd 22c. NAME OF CEMETERY OR CREMATORY [727d LOCATION (City, town, or county)] (Sinte) PRIMARY II or Part II or Port II of item 18.) PRIMARY II or Port II of item 18.) (County) (County) (County) (County) (County) (Sinte) PRIMARY II or Port II of item 18.) PRIMARY II or Port II or Port II of item 18.) (County) (County) (County) (County) (County) (County) (Sinte) PRIMARY II or Port I		lal, stating the orderlying							
20c TIME OF IN.URY Month, Doy, Year 1/20/19 59 While Not while of work of twork of two twork of two twork of two twork of two	1		NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVE	N IN PART I(0)	9. WAS	AUTOPSY
20c TIME OF IN.URY Month, Doy, Year 1/20/19 59 While Not white Cottory, street, office bidg., etc.) 1/20/19 59 While ot work Date signature 21. I certify that I took charge of the remains described above, held an Autopsy A, Inspection I. Inquiry Action on my opinion death resulted from: Natural causes Accident Assistant medical examiner Assistant medical examiner Assistant medical examiner Deputy medical ex									
20c TIME OF IN.URY Month, Doy, Year 1/20/19 59 While Not white Cotory, street, office bidg., etc.] 1/20/19 59 While ot work Date signature 21. I certify that I took charge of the remains described above, held an Autopsy Date signature 21. I certify that I took charge of the remains described above, held an Autopsy Date signature Actual Signature Actual Signature Examiner's Name (Typer) Assistant Medical examiner Deputy Deputy Medical examiner Deputy	715	200. EXTERNAL CAUSE WAS 20b DESCRIBI	HOW INJURY OCCURRED (E	nter noture of injury in Par	t I or Port II of iten	18)			
20c TIME OF IN.URY 6200 pm. 1/20/19 59 While Not while Cotory, street, office bldg., etc.) 1/20/19 59 While Not while Cotor	100	CAUSE OF DEATH. Fell	down stairs	and lodged b	etween st	iars a	ind door	at i	potta
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . ond in my apinian death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner . ACTUAL SIGNATURE	17	20c TIME OF INJURY Month, Doy, Year 20d I	NURY OCCURRED 20e PLAN	CE OF INJURY (Home, form	n. 120f. (City or lov		(County)		(Stote)
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . ond in my apinian death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner . ACTUAL SIGNATURE	0 2 7	6100 p.m. 1/20/1, 59 White	Not while		Oak Kn	oll I	rince G	BO.	Md.
ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Typer) January 21, 1959 DEPUTY MEDICAL EXAMINER D DEP		21. I certify that I took charge of the I	remains described abo	ve, held an Autops	y 🔼 Inspec	tion 🔄.	Inquity 🕰	, on	d in my
ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP		opinion death resulted from: Natural o	ouses []. Accident [🛂, Suicide 🔲,	Homicide 🔲,	Undeter	mined monn	er 🔲	
ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEP	П							DATE (LIGNER
DEPUTY MEDICAL EXAMINER JAN USTY 21, 1959 1270 EURIAL CREMATION, 1776 DATE THEREOF 1220. NAME OF CEMETERY OR CREMATORY 1270 LOCATION (City, town, or county) Device 1, 1, 1, 2, 3, 1, 9,5,9 (City of the county) Device 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Т		1. Jord	M.D. CHIEF MEDICAL E	XAMINER [DATE:	51 (514 L D
PHAME (Type) / Jates 1. Boyd 220 EURIAL CREMATION, 1726 DATE THEREOF (State) PREMOVAL (Sportly) 1/23/1959 (Liferiffer Platforms) (Religional Color of County) (State)		EXAMINER'S				Tmo sac	23	ם מבים	
Durlot 1/23/1959 Cirkington Hatrough Relengton Ira.	-	HAME (Typer /James 1. Boyd					•		
The same and the s	2	(AEMOVAL (Spycity) 1/12/19-9	22c. NAME OF CEMETERY OR	CREMATORY 7	THE LOCATION	City, town, o	county)	(Stat	(0)
Indication of the process of the pro	-	The same and the s	ADDRESS	2 Referra	1 Chall	In the	100000000000000000000000000000000000000	- C	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	1 2	FUNERAL DIRECTOR'S STONATURE.				I AROZECO S	LIBRIGHT C STARL		



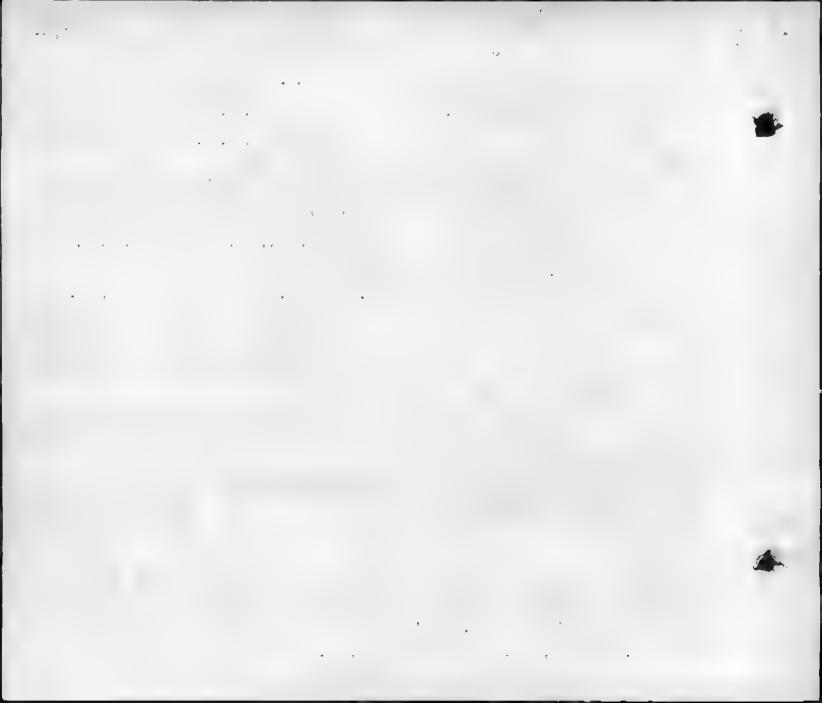


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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 963 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

	Keg. Dist. No.
1 PLACE OF DEATH D. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutioni Residence before admission) a. STATE b. COUNTY
PRINCE GEORGE'S MARYLAND	D.C.
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
HYATTSVILLE NOV. 1957	WASHINGTON, D. C.
d NAME OF HOSPITAL (If not in haspital, give street address)	d STREET ADDRESS . IS RESIDENCE
OR INSTITUTION CARROLL MANOR	1726 M STREET, N. W.
DECEASED CECELIA	Lost 4. DATE Month Day Year OF DEATH TABILLADAR 19 10 50
HARL BLIZABEIN SCELE	STON JANUARY 17 19 59 8. DATE OF BIRTH 9. AGE (n years IF UNDER 1 YEAR IF UNDER 24 HES
	lost birthday) Months Days Hours Min
	NOV. 21, 1869 89 yrs.
10b. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
NONE	MONTG. CO., MD. U.S.A.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
XX CHARLES A. ECCLESTON	XX MARTHA BROWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	prormani gr. Joseph T. Kennedy, Forest Glen, Md.
(Yes. no or unknown) Hf yes, give wor or date of service) NONE	gr. Joseph 1. Rennedy, Forest Gren, Ma.
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY.	uno Neart failure ONS AMP DEATH
IMMEDIATE CAUSE (o)	The Heart Lands a gard.
DUE TO V	1 -1d - 7 5' - 2 100 - 00
Canditions, if any, which) (b) Williams Sal	trave par of seeze as for
gave rise to immediate cause (a), stating the under-	
lying cause last. (c) Value	ly
Part 11. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
T-V	PERFORMED?
206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I or Part II of item 18)
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PL	ACE OF INJURY (Hame, form, 20f (City or town) (County) (State)
Hour a. m. White Not while for p. m. 19 at work at work	ctary, street, affice bldg., etc.)
700	1/1759 10 11 11
21. I certify that I attended the deceased from	19, ta 1/1/12.7., 19,that I last saw the deceases
alive on and that death	occurred at 12.05 M, from the causes and on the date stated above
ACTUAL MILES SELLED	JADDRESS (Street, lary or fown, pales) DATE SIGNE
SIGNATURE WINDOWS WING	M.D. I DUAN UND WORK LED . 6 //7
PHYSICIAN'S () ()	
NAME (Type) VIII MY TITES	,
220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
BURIAL (Specify) 1/20/59 ST. JOHN'S CE	
23_FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
WARNER E. PUMPHREY, INC. SILVER SPR	ING, MD.
: KUNMOUA U MANA	DATE (AN 21 '59 C' 11 9 15

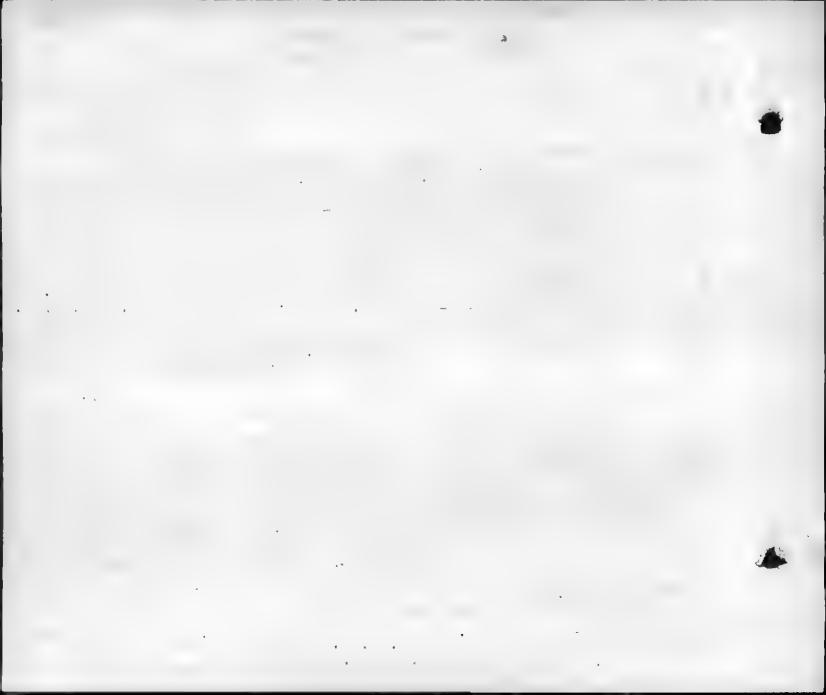


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MARYLAND	STATE	DEPARTMENT	OF HEAL	TH-BALTIMORE,	18
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	CENTIFICATE	OF	DEATH	
964	CERTIFICATE	Or	DEATH	_
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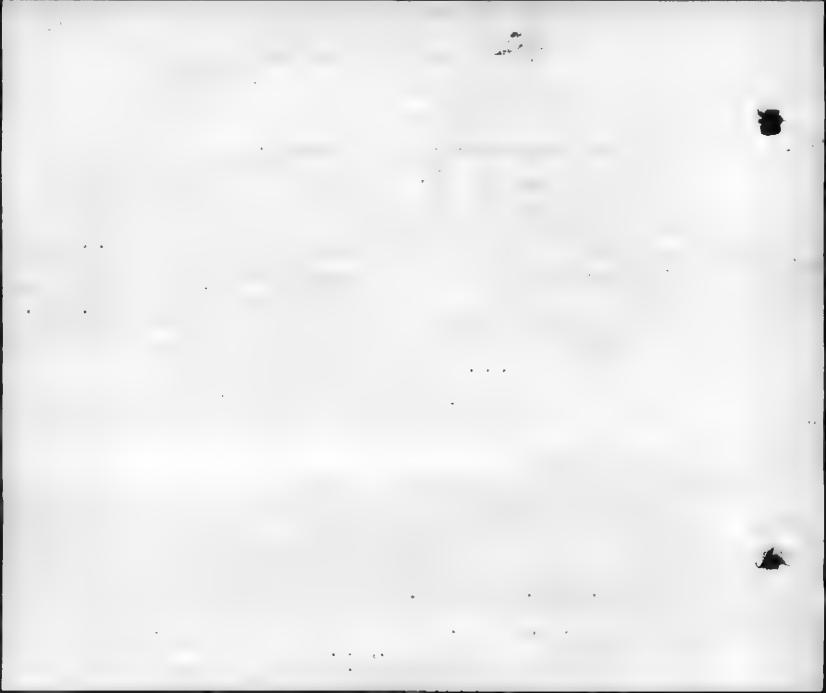
	SILT.				Keg. U	II. No.	
1. PLACE OF DEATH		(2 USUAL RESIDENCE (WI	here deceased lived	If institution: Residen	ce before admission	1) ,
COUNTY TO	INCE GEORGE	E 5 MARKET		LAND	b. COUNTY PAINC	E GEORG	25
b. CITY OR TOWN RURAL and give I	(If outside corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	outside carparate lin	nits, write RURAL and (give nearest tawn)	
# /	TSVILLE	2 YRS.	15 HYAT	75VILL	E		
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital, give street	address)	d. STREET ADDRESS			e, IS RESID	ENCE ARM?
930	O2 ADELPHIA R	OAD	(,)30	02 ALELI	PLIA ROAL	YES 🔲	
3. NAME OF DECEASED	First	Middle	lost	4. DATE OF	Month	Day Ye	ar
(Type or print)	ANTHONY	1.	EDIMICI	DEATH	UMI.		5.1
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF UNDER Months	Days Hours	24 HRS Min
LALE	HITTE WIDOW		2-18-93		35 m	Days 110075	HALINE
10a USUAL OCCUPATI	tON (Give land of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (Stole	or foreign country)	12. CIT	IZEN OF WHAT C	OUNTRY?
	- LNCTNEER		7.65, 10.	112		v.S.n.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
	AND LEDERICE			C	The Total Conf	f	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	sh. I.	~
(Yes no or unknown)	(If yes, give wor or dates of service)	77-07-1364	rs. Rose H	uttner :	0415_Ccnu	r -	l _e 60 La 4 — s 4
18. CAUSE OF DE	ATH [Enter only one couse per li		1 100			INTERVAL BETY	
PART I. DE	ATH WAS CAUSED BY:	oconari &	W. Steering			MI MULE	EATH
11.20.1	DUE TO	+ .		7	8	D.Lon-	-
Conditions, if	Sta.	detin man all	creme by Jan	Hen. A De	11010	5 War	7
gove rise la		ALCEN FROM	Contract of the state of the st	1	4074	1 12	
couse (a), stating	the under-	result soll 6	ellienslein:	_		Unterior	. 42
	THER SIGNIFICANT CONDITIONS	CONTRIBUTOR TO DEATH BUT	I NOT SELATED TO THE TERM	Z	DITION CIVEN IN DAR	T 11-1 10 TAVAS AL	TOPSY
PART II. OI	1.71	A. T	I NOT KEENIED TO THE TERM	INAL DISCASE CON	DITION GIVEN IN PAR	PERFORM	MED?
_	will melle	conte vote vision accusa	-6.45.4	Date to Date Hart	10.1	YES 🗌	NO W
OR CONTRIBUTING	AS UNDERLYING (1) G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	C (Enter noture of injury in	rom i dr Pom II dr	nem Is.j		
20c. TIME OF INJU			ACE OF INJURY (Home, form	n. 20f. (City or to-	vn) (0	County)	(State)
Hour a.m.	10	Not white	retory, street, diffice blog., Ex	"			
	hat I attended the deceas	ed from Jeremel	1952 to J	on 3	., 1959 ,that I	last saw the d	eceased
alive on The		and that deat	accurred at 8 30				
	7 11-			ADDRESS (Street, c			E SIGNED
ACTUAL SIGNATURE	Carin-H. M	allin	M.D 8237 (ruis Ao	e Sulvar	Sprinoful	13.5
PHYSICIAN'S		A diff can librat	"/	C'		, , ,	* (
NAME (Type)_F12		L237 GECRA	A ath. D.	LV_R s_T	Lange was t	YLALD.	
REMOVAL (Specify		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or county)	(State)	
BURTAL	11-7-59	It. Linclor	ı Lausoleum		aburg.	raryla	nd.
23 FUNERAL DIRECTO	1,77.			D BY REGISTRAR	24b. REGISTRAR'S SIG	GNATURE	
	. COLKINS 3	821 14TL S	L . IV . V DATE	N c '50	1 71 0	*	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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	04	לים	CERTIF	ICAT	E OF DEATH	1		Reg. Dist		2000
1. PLACE OF DEATH o. COUNTY Prince	George		MARYLA	- 11	USUAL RESIDENCE (Who a. STATE Maryland		ed fived If institute b COUNTY		e before o	dmissian)
RURAL and giv	N (If outs de corporate lim e nearest town)	ils, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	utside com	orate limits, write R	URAL and gi	ve negrest	lown)
d NAME OF HO	SP TAL (If not in haspital, o	give street	31 D ys		Glen Arden d STREET ADDRESS				e, 15	RESIDENCE ON A FARM?
Peince	George Gene	ral F	Ospital		Mcglaine Ar	70.				S NO
3. NAME OF DECEASED (Type or print)	Rebecca	rst	Middle La	F	last Pguson	4. DATE OF DEATH	Mon Januar		Boy 8	Year 19 59
5 SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER I		JNDER 24 HRS
Female	Celered	WIDOWE	DIVORCED		July 7 191	.6	L2 yrs	Months	Days Ho	aurs Min
10a USUAL OCCUP, during most of	ATION (Give kind of work working life, even if relired	done 10b.	S. Govit.	INDUSTRY	11 SIRTHPLACE (State Maryland		country)	12 CITE	ZEN OF W	HAT COUNTRY?
13 FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME				
William	Harrison				Anna Hanil	tom				
15 WAS DECEASED (Yes, no or unknown)	EVER IN U. S. ARMED FOR (If yes, give wor or dates a)		SOCIAL SECURITY NO		RMANT Husband		Add	ress	(len Arde
				Err	est Ferguse	R	Mc	Claine	Ave	Md.
-	DEATH (Enter only one co	_		T7.					ONSET	AND DEATH
TOKI I	DEATH WAS CAUSED BY- IMMEDIATE CAUSE (c	lPR	eumonia	U	remia					
153,	DUE TO		.A.							
Canditians, (fony, which (to immediate))	• **•							
cause (a), stati		Trot	estinal Obs	tamet	tion Probabi	w due	to came	er of	וח וחם	2
	OTHER SIGNIFICANT CON								1(a) 19. V	
PART II PART II OR ACCIDENT OR CONTRIBUTI UIF EITHER, NOT	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER	206 DESC	CRIBE HOW INJURY OCC	URRED. (E	inter nature of injury in f	Part I or Pa	rt 17 of item 18.)			all wold
20c. TIME OF IN	JURY Month, Day, Ye	While	Not while	e. PLACE factory	OF INJURY (Home, form, street, office bidg., etc.	, 20f (Cit	y or tawn)	(Co	ounly)	(Stote)
	m, ''		at wark	*	1	7		72		
	that I attended the	decease	+(1)	1	19.5 7, to	ے مدیم		1		the deceased
alive on	ton of	, 19.7	7, and that d	eath oc			m the causes of treet, city or town,		e date s	itated abave. DATE SIGNED
ACTUAL SIGNATURE	Will.	4/4	ithrai	- KM.O	The state of the s					
PHYSICIAN'S NAME (Type)	Dr. William	A H	olbrook Jr.			<u> </u>				
22a. BURIAL, CREMA REMOVAL (Spec	TION, 226. DATE THEREC	OF .	22c. NAME OF CEMETE	RY OR C	REMATORY		ATION (City, town,			(State)
Burial,	/ Jan. 12,	259	Mt. Olive	t Cer			nington.			
28 PUNERAL DIRECT	OX SHIGNATURE	1.	1820 9th	St.	N . W . 24a. REC'I	D BY REGIS	TRAR 245, REG	STRAR'S SIG	NATURE	
Robert	G. McGulro	un	w. Washingto		_ DATE ==	N 1 2 '	59 (4	71 9	Kun	
		1540	_							



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea, Dist. No.

Months

IS RESIDENCE

ON A FARM? YES NO F

Yeor

UF UNDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

120

WAS AUTOPSY PERFORMED?

YES NO 17

(Stote)

DATE SIGNED

(Stote)

(County)

195

15M 9/55



0	1	11	11	7	
U	1	U	U	8	

	70	0 H	CERI	IFIC	AIE OF I	DEAIF	1		Reg.	Dist. No		
1. PLACE OF DEATH o. COUNTY Prince G	eorges		MA	RYLAND	2. USUAL RES	pland	ere deceate	d lived. If inst b. COU	itution: Resi	dence befo	ore odmis	sion)
b CITY OR TOWN RURAL and give Mornings	(If outside corporate lin nearest town) \$1.08	sils, wrîle	c. LENGTH OF STA		1 /	TOWN (IF o		rote limits, wr				
d. NAME OF HOS	PITAL (If not in hounded	_	address)		d. STREET						ON /	SIDENCE A FARM?
3 NAME OF		inst	Midd		lo Lo		4. DATE		Month	De		Year
(Type or print)	SUSAN		LORRAINE		GRISWOL	_	OF DEATH		Jan		+	19 59
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MAR	RIED 🛴	8. DATE OF BIRT	fH .		9. AGE (In ye lost birthdo		DER 1 YEAR		
Fem	Cau	WIDOW	(-)	CED 🔲	9 Sep				yrs. Month	26	Hours	Min.
during most of wi	FON (Give kind of work orking life, even if retire	done 10b	KIND OF BUSINESS NA	OR INDE	ISTRY 11. BIRTHP	Maryl		ountry)	12.		OF WHAT	COUNTRY
13. FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME					
Richard	Edward Gri	swold	1		Judi	th Bar	rett	Newton				
15. WAS DECEASED E	VER IN U. S ARMED FO		SOCIAL SECURITY N	10 17.	INFORMANT				Address			
NA	NA		NA	F	ather-Ri	chard	E Gri	swold-1	Same a	s ite	em 2	
	EATH [Enter only one of		ne for (a), (b), and (c)]						INT	ERVAL BI	ETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (0]	Pneumo	nia							SET AND	lays
4-13X	DUE TO	0										
Conditions, if		b)										
couse (a), statin lying couse los	g the under-	(c)										
PART II O	THER SIGNIFICANT CO	VDITIONS_	CONTRIBUTING TO D	EATH BU	NOT PELATED TO	O THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN P	ART 1(a)	PERFO	AUTOPSY DRMED?
	YAS UNDERLYING THE CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D (Enter nature o	of injury in P	art I or Par	I II of item 18)	,		
20c TIME OF INJU	10	ear 20d, II While at wor	NJURY OCCURRED Not while t of work	20e Pl	ACE OF INJURY (clary, street, offic	(Home, form to bldg., etc.	20f (Cily	or lown)		(County)		(Stote)
21. I certify	that I attended the	deceas	ed from 3	Jan	, 19 5		4 Jan	, 19_	59, that	I lost s	aw the	deceased
GIIVE ON		, 1%	, and the	ar dedii	occurred at			n the cause treet, city or to		the do		ed abave ATE SIGNED
ACTUAL SIGNATURE	2)	/_	1-0		M.D USA		,	AT DREWS				in 59
PHYSICIAN'S NAME (Type)	PUGEAS F7/1	IERCI	E, CAPT, U	SAF	MC) And	rews A		rce Ba:			5, D.	.C.
220 SUR AL. CREMAT REMOVAL (Specif	JAN. 7 N	0F 959	22c. NAME OF CE	METERY C	OR CREMATORY			MOUT		y)	(Stai	te)
23 FUNERAL DIRECTO		7	ADDRESS		NASA.		D BY REGIST	RAR 245 R	EGISTRAR'S			
Midani.	LINEPAI +	to ME	Y16 HST	1/6	7	DAIAN	6 '59	Ci	when I.	Thous		

prerol director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by i page 3 shauld by the facehold by TO HOSPITAL OR VS A15 (4) 15M 9/55

 \mathbb{C}^{d}

n S



HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certifities, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forw. I'ld to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained form. I'les. TO FUNERAL DIRE TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bool. Health, or its designated agent, prior to burial, cremation, or remayod, and in any event within 72 hours after death. 115

VS A15ME 5M 2 57

1053 Reg. Dist. No.	
PLACE OF DEATH	1]
. COUNTY Prince Georges MARYLAND STATE Treargline (b. COUNTY V'rence Cop.	149
b CITY OR FOWN (If outside corporate limits, write RURAL and give neares fown)	1
Helicrast Height, 2 years & Helicrest Height	
d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESSE	ENTE ARI P
1 doct horerow Mich 1 doct Marcros of 1850 N	
3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF DEATH DEATH 3. 195	-7
5. SEX 6. COLOR OF RACE 7 MARRIED TO NEVER MARRIED TO B DATE OF RIGHT. 19. AGE 16-1-10. IF LINDER 19-AR IF LINDER 2.	
Treale Widowed Divorced Janes 25, 1911 Ly yes Months Days Hours M.	n
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	NTR 17
during mast of whiting life, even if retired) 71.5. Carford Uniquia 71.5.	
13. FATHER'S NAME	
alfred & Human Jade tooler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT	7
The serve Kew 122 5-05-644/ Mis Mary (Rezabell Hammer some	"Gag"
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (6) A CONTROL	
176 X DUE TO	
Gonditions, if ony, which gave rise to immediate cause out to	
(a), stating the underlying DUE TO	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTO	OPSY
PERFORME YES NO	
200. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED (Epler noture of injury in Port I or Port II of Hom 18) CAUSE OF DEATH.	
Herb - foctory, firest, office bldg , etc.) 2/ 00 //	late)
	w
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection	n my
opinion death resulted from: Natural causes Accident J. Suicide J. Homicide J. Undetermined manner	
ACTUAL CHIEF MEDICAL EXAMINER [] DATE SIGN	NO.
ASSISTANT MEDICAL EXAMINER	
EXAMINER'S AMOS 1 10 VO DEPUTY MEDICAL EXAMINER 1 1 - 3 - 59	
220 BURIAL CREMATION, 226 DATE THERFOR 220 NAME OF CEMETERY OR CREMATORY 220 LOCATION (City, town, or county) (Stole)	~~
BURIAL JAN. 7, 1959 CULPEPPER VA.	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	7
KINALDI FUNERAL HOME 816 H St. NE MISH DOATE VAN & " D. FLORIS	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01008

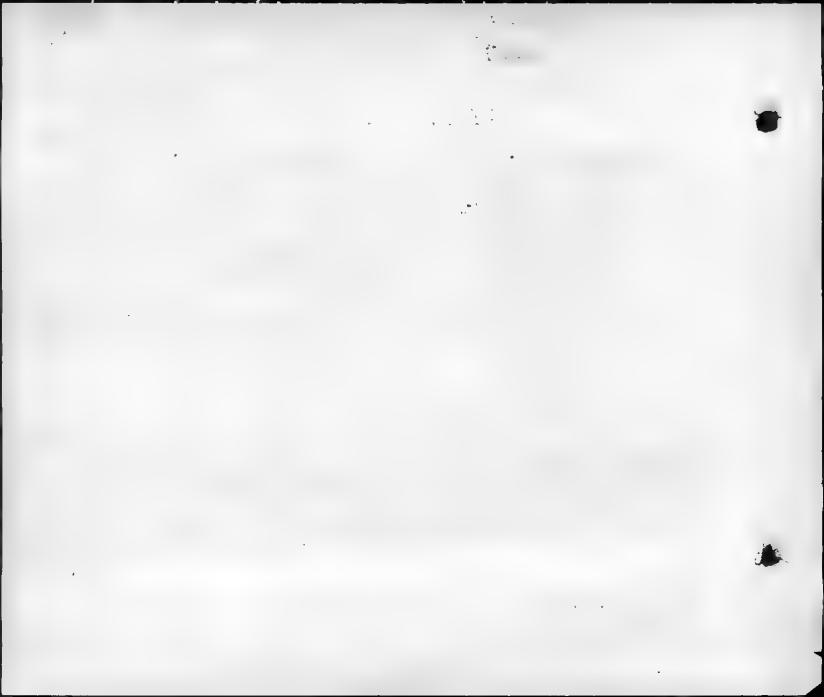


VS A15 (4) 15M 10/57 NV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TIMORE, 18 01003

QQQ CERTIFIC	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Prince Georges MARYLANI	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY Haryland Prince Georges
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 11 RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
d NAME OF MOSPITAL (If not in hospital, give street oddress)	in College Park J d STREET ADDRESS e. 15 RES DENCE
OR INSTITUTION Aringe Georges General Hospital	>9511 Rhode Island Ave.
3. NAME OF DECEASED (Type or print) First Middle	Lost 4. DATE Month Day Year OF DEATH TENNINARY 16 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 79. yrs. Months Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if relited) Retired U.S. Govt Naval Ordiance	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR Warvland . United States
13. FATHER'S NAME Oliver Harr	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	Mary R Browning INFORMANT Address
[1787-20, or unknown] [11 yes, give war or dates of service)	Mary E Wife Address Same
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	luce ligh an artigonset and death
Conditions, if ony, which gove rise to immediate couse (o), stating the under-	and. unfaich.
lying couse lost. (c)	
, ,	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
F (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)
Coc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While Not while of work of work 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that I attended the deceased from.	5. 1934, to /// Ca, 195 /that I lost sow the discease
alive on January 16, 19,59, and that dea	th occurred at 2:155 AM, from the causes and on the date stated above
ACTUAL SIGNATURE SIGNATURE	MD. 4713 Takung Of 1/6/-
PHYSICIAN'S NAME (Type) Dr. Etienne	College New Mg
Burial 226. NAME OF CEMETERY 1/19/59 St John's C	or CREMATORY 22d. TOCATION (City Town, or county) Beltsville, Md.
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
Gasch's Sons Hvattsville Md.	DATE JAN 1 9 '59 Out of & track



hours ofter death.



files. or prior

Ond

V)

<u>G</u>

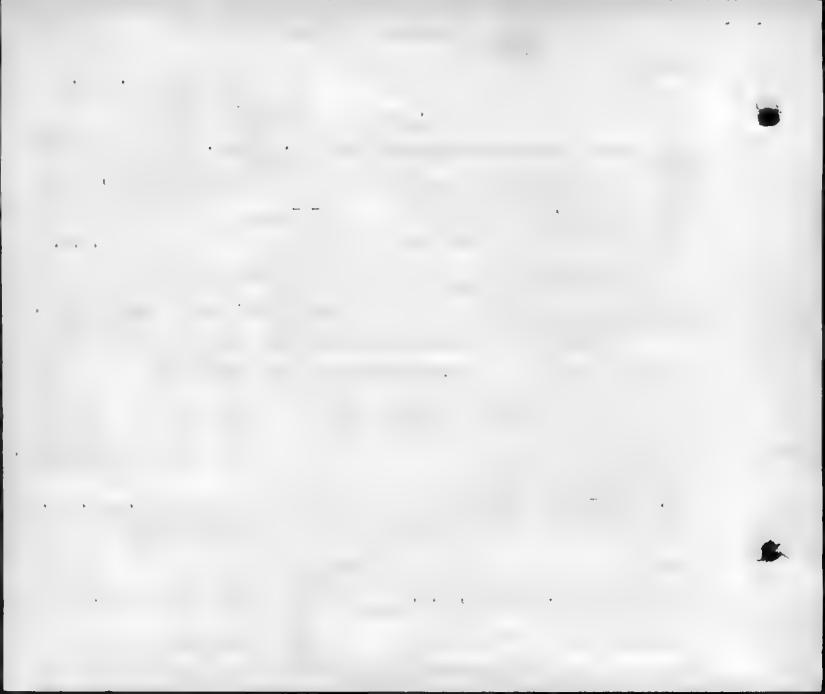
MEDICAL

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VS. ATSME(S)

SM 9/55





TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 10/57

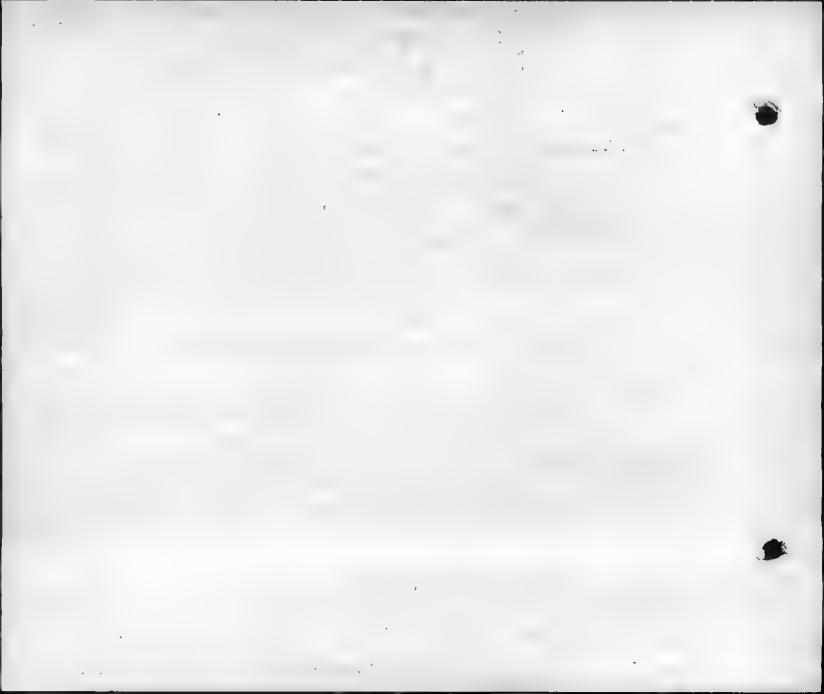
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1056 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No.

01013

1.	PLACE OF DEATH o. COUNTY Prin	ce George	†s	MARYLAND	2. USUAL RES o. STATE	Maryl	ere deceased live and	d. If institution b. COUNTY	n Residence Prince	before admiss o	e's
1	b. CITY OR TOWN (If RURA) ond give nec	outside corporate fimi rest town) B Md	ts, write	C. LENGTH OF STAY IN 15	c CITY OR	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ardmore Md.					
	OR INSTITUTION	u (If not in hospitol, g		oddress)	d. STREET	ADDRESS re Ro		x 387		e. IS RESID ON A F	ARM?
-	NAME OF	Francisco Programme Technology		Middle			4. DATE				
	(Type or print)	Rob	ert (Clinton Herrn	ann Lo	151	OF DEATH	Janu		13 Ye	59
5.	male	6. COLOR OR RACE White	7 MARR	DIVORCED	Nov 5,		9. 6	GE (In years birthday) yrs	Months Do	EAR IF UNDER	24 HRS Min.
10	USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHP	LACE (State	or foreign country	·)	12. CITIZE	N OF WHAT C	OUNTRY?
	during most of works	ed Police) τ	S Steel Co			ylvania	•	US		
13	. FATHER'S NAME				14. MOTHER				1 0 2	, A	
		illiam F	Herr	nann			Shirly				
	WAS DECEASED EVER	IN U. S. ARMED FOR			INFORMANT			Addr	ess		
1,	Yes	A A	1	Ще	len Her	rmann	Ardm	ore Md	•		
		H Enter only one co	use per lis	ne for (o), (b), and (c) }	100			-	. 1	INTERVAL BETY	WEEN
П	PART I. DEAT	H WAS CAUSED BY:		murra	-lead	į.	6 and	el es		ONSET AND D	EATH
	4001	IMMEDIATE CAUSE (o Due to		A con	- Charles		The same	a Cara			
	Conditions, if on	y, which) eb	1	Lycister		He	but a	lene	e-sul.	104.	to.
	gove rise to im			19						()	
1	lying couse lost.	(c	1	1						V	
Z	PART II. OTHE			ONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMII	NAL DISEASE CO	NDITION GIVE	N IN PART H	o) 19. WAS AL	JTOPSY
18										PERFORI	S
CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature	of injury in P	ort I or Port II of	item 18.)			
18	20c. TIME OF INJURY	Month, Day, Ye	or 20d. It	UURY OCCURRED 20e. P	LACE OF INJURY	IHome, form,	20f (City or to	own)	(Cou	ntv1	(State)
MEDICAL	Hour o.m. p.m.	19	While	NoI while for or work	actory, street, offic	e bldg., etc.)		1000	,,,	(3,0,0)
	21. I certify the	it I attended the	deceos	ed from Marin	Fl. 195	2. to	1//	3. 195 9	that I los	t saw the d	ecensed
	alive on	12/14	. 19	, and that deat							
							ADDRESS (Street,				E SIGNED
	ACTUAL SIGNATURE	753	2 ~~	-35 4-2-	M.D. 4-41	07	9-40	~		1/13/	159
	PHYSICIAN'S NAME (Type)	F. E. N.	105	SEY, M, D					· 4.4-4-4-4		
22	BURIAL, CREMATION	, 226. DATE THEREC	F	225 NAME OF CEMETERY	OF TERMENDEN		22d. LOCATION	(City, fown, o	r county)	(Stote)	
	REMOVAL (Specify) Burial	1/16/59		Trlington N			Arlingt				
23	FUNERAL DIRECTOR'S			ADDRESS		24o, REC'E	BY REGISTRAR		TRAR'S SIGNA		
	ir. Ga	sch's Son	ns H	yattsville M	d.	DATE		1	4 8. Kr		
1				C	44. 0	127716					





INC. * LA PLATA

Hill Top , Maryland

24b. REGISTRAR'S SIGNATURE

340. REC'D BY REGISTRAR

death.

O

23. FUNERAL DIRECTOR'S SIGNATURE



NSTRUCTIONS

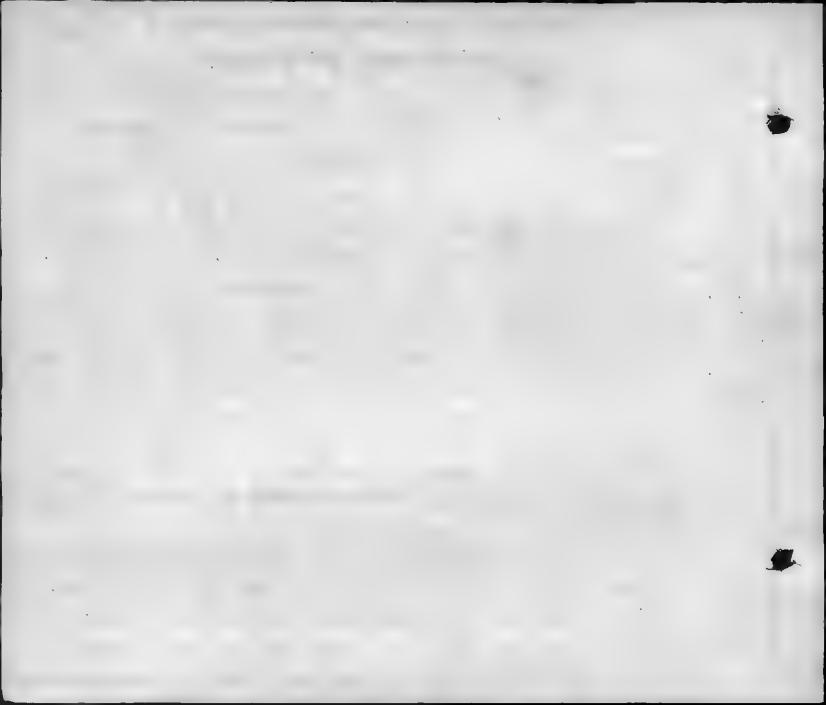
TO ATTENDING

A15C 1-55 10M

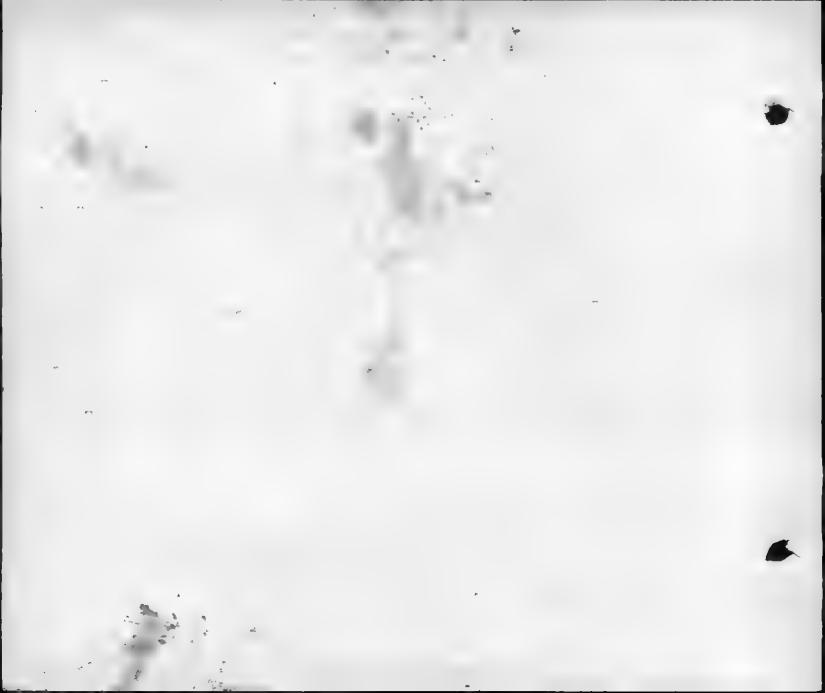
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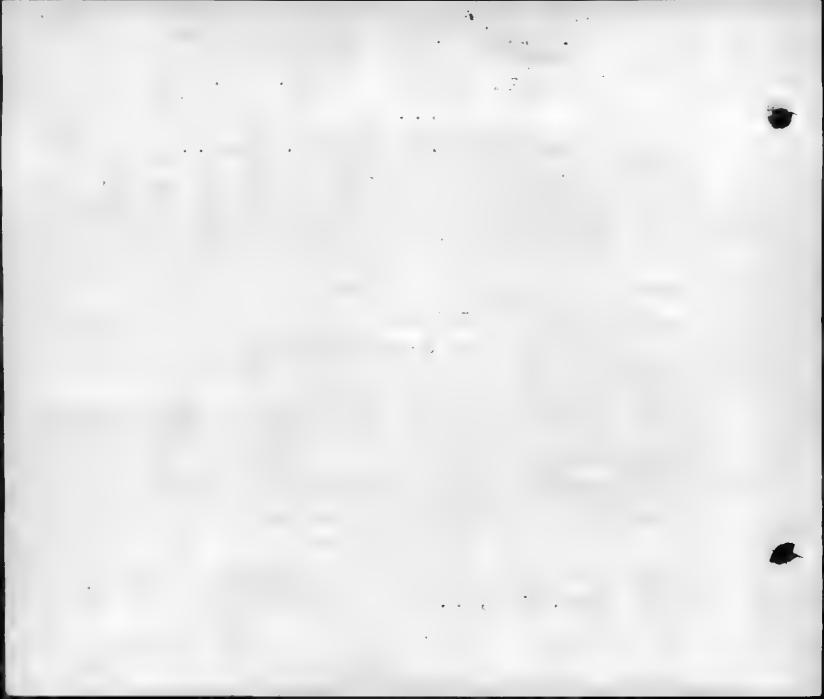
CERTIFICATE OF DEATH

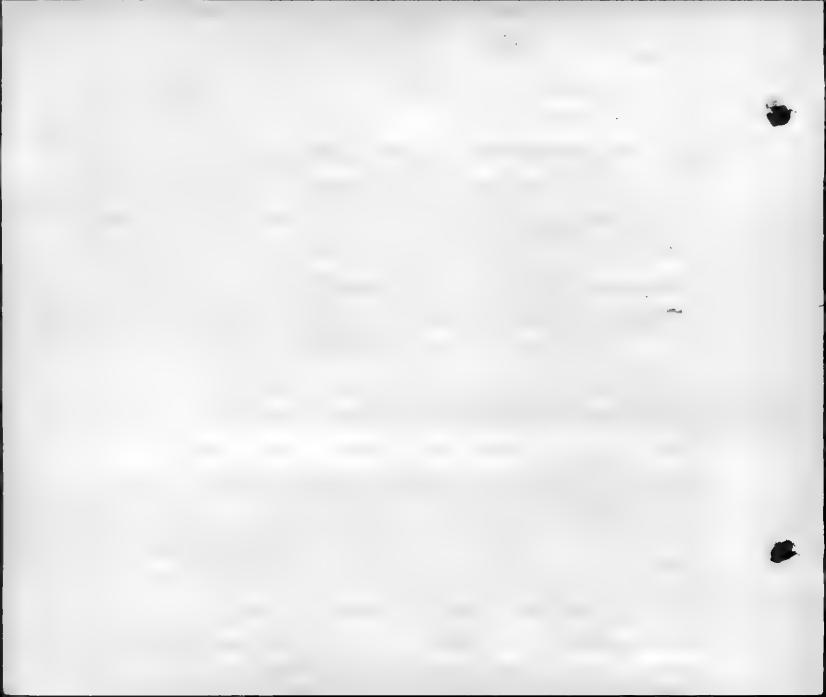
1002	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY FICTURE (16-02-0 C MARYLAND	STATE // COUNTY /2 (do 2.
CITY (If outside corporate limits, write/RURAL LENGTH OF STAY OR and give neerest lown)	CITY (If outside corporate limits, write RURAL and give necess town)
TOWN Laure 46 Mars	41 TOWN Land
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS
STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)
(Type or Print) Matthe. I, Lia	Exerce DEATH January 29 19 57
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
1 (Specify) widered fan	. 181891 67 yrs. Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even, if OR/INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
roticol) Hause, who Hame	Mary Carr USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John & Milbrook	Manay Leil
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, no/or unk.) (Il Yas, give war or dates of service)	- 1. Hailey Hort bene family bed
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIPICATION INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (A) Likemonari	Sombolis 115
ANTECEDENT CAUSE(S) DUE TO	9 7 7
DISEASES OR CONDITIONS, IF ANY, (8)	Lover Speece + ordustre, 14
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	•
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 196, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION.	20. AUTOPSY?
	when there YES NO [
21a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OF INJURY STREET, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 2	II. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from Services	, 19 5 , to fall 29 , 19 5 9 , that I last saw the deceased
alive on 2000 al	M, from the causes and on the date stated above.
SIGNATURE MAD. C.	ADDRESS (Streat, city, lown, stele) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
Bremoval (SPECIFY)	(Cem. Laurel M.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDREAS
DATE : EP ? EP	And itt Koulden Part Mis



34	1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18			
	1		1058 CERTIFICATE OF DEATH Reg. Dist. No.			
h. Page 4 il director, filed with	M)		Prince Georges 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) of STATE COUNTY D. C. In the County of County			
ord be	1	-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Clenn Dale (rural) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown) Washington 47 ×			
by the	0	8	d NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION Glenn Dale Hospital d. STREET ADDRESS d. STREET ADDRESS VES NO MA FARM? VES NO MA			
ithin 24 ha ely fitted in Pages 1 at			NAME OF DECEASED Charles - Ives - DEATH 1 1959			
3 =			Male 6. COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS			
ond completed bon papers er death.			Outsual Occupation (Give kind of work done during most of working life, even if retired) Messenger Canadian Embassy England 12. CITIZEN OF WHAT COUNTRY USA			
		1	3. FATHER'S NAME Israel Ives Clara Bolzack			
h certificate b ing physician se remove car in 72 bours afti			S. WAS DECEASED EVER IN U. S. ARMED FORCES? NO INFORMANT Address Unknown Decedent Unknown			
the death the ottend Then pleas			CATION		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ON ALL OF THE PROPERTY OF	
gned by permit.						
e law required shysicion. Is been sidely althousit abendansit and				PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY		
IAN: The ending p ficote ho the buri	O.		200 ACCIDENT WAS UNDERLYING 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER;			
PHYSIC tol or ott this certi r use os			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while at work of work of work 19 of work 19 Not while at work 19 of work 19 Not while at work 19 Not wor			
NDING Fe haspit St After ached fo			21. I certify that I attended the deceased fram. 1/9/			
ed by Allie			ACTUAL SIGNATURE M.D. Glenn Dale Hospital 1/114/59			
retain RAL Di shauld strar p	/		PHYSICIAN'S Moe Weiss, M. D. Glenn Dale, Md.			
o HOSP may be o FUNE! poge 3		2	20 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (C by lown, or county) (Stote) REMOVAL (Specify) 1/17/59 Cedar Hill Cometary Washington St. C.			
VS A15 (4) 15M 10/57		3	2 EUNERAL DIRECTOR'S AGNATURE . ADDRESS ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE . L. 21-1/21 St. S. DATE JAN 1 6 '59' C. Ling S. KLING			







CEDTIEICATE OF BEATLE

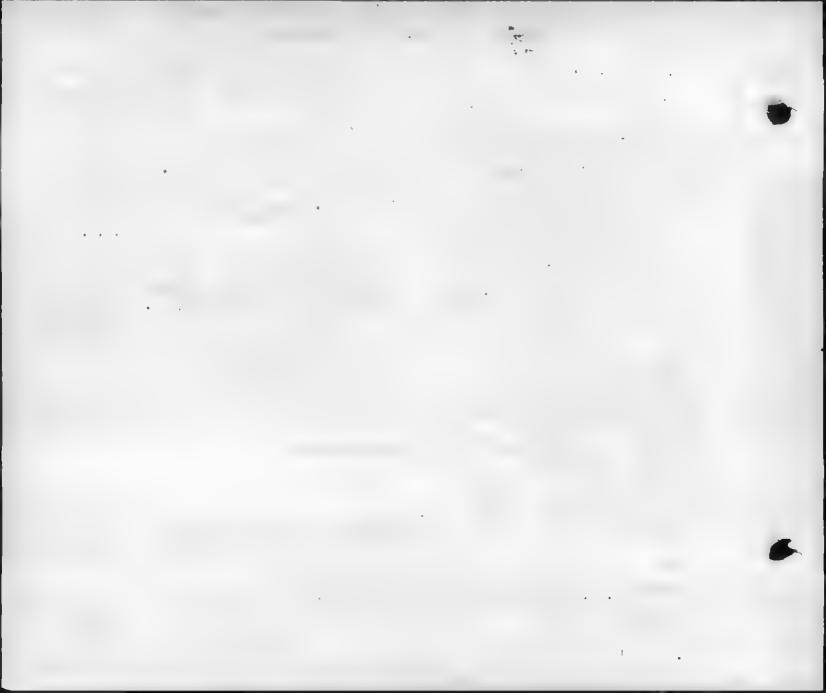
01013

.200	CERTIFICA	AIE OF DEATE		Reg. Dist.	No.
1. PLACE OF DEATH O COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (WH Maryland	ere deceased lived. If b. Co	ourprince G	before odmission)
b CITY OR TOWN (If outside corporate limits,	17 days	Lanham	utside corporate limits,	write RURAL and giv	re negrest lown)
e NAME OF HOSPITAL (If not in hospital, give Eugenest Le Pand Memorial	Hospital	/23 Fowler	Lane		e IS RES DENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) (Minnie) Eliza		ewell Lost	4. DATE OF DEATH	Jan •	8 Yeor 59
Remale White	IDOWED DIVORCED	B. DATE OF BIRTH 29 Mar. 1914		h years IF UNDER 1 thday) Months D	YEAR IF UNDER 24 HRS
10a. LSUAL OCCUPATION (G ve kind of work don during most of washing life, even if retired) HOUSEWILE	Own Home	Maryland			S.A.
William Emmons Blancha		Mary Janet	Swann		
15. WAS DECEASED EVER IN U. S. ARMED FORCE: (Yes a or unknown) Iff yes. No or or date of service)	5? 16. SOCIAL SECURITY NO. 17. IEL	nformant izabeth Talco	TAT.	helps Road i, Md. (Da	
lying couse lost. (c)_	Evenia Aroni py				INTERVAL BETWEEN ONSET AND DEATH
PART H. OTHER SIGNIFICANT CONDIT	b. DESCRIBE HOW INJURY OCCURREN				19 WAS AUTOPSY PERFORMED? YES NO
7				,	
70 20c TIME OF INJURY Month, Day, Year Hour o. m. 19	20d. INJURY OCCURRED 20e. PL While Not while fel of work of work	ACE OF INJURY (Hame, farm, clory, street, office bldg., etc.	20f. (City or lown)	(Con	unly) (Stole
21. I certify that I attended the de	eceased from <u>December</u>	22, 19 58, to J.	anuary 8	19_52_that I la	st saw the deceas
ACTUAL SIGNATURE OF RELEASE	1959 ,, and that death	M.D.	_M, fram the car ADDRESS (Street, city o	uses and an the r town, stale)	date stated abay
PHYSICIAN'S NAME (Type) D. R. Purdie,					
220 BURIAL CREMATION, 226 DATE THEREOF 1/10/59	Monocacy Ceme		Beallsvil	le Maj	ryland (State)
23 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyatt	sville, Maryland	240. REC'C	AN 1 3 59	REGISTRAR'S SIGN	

may be retained by the haspital at attending physicion.

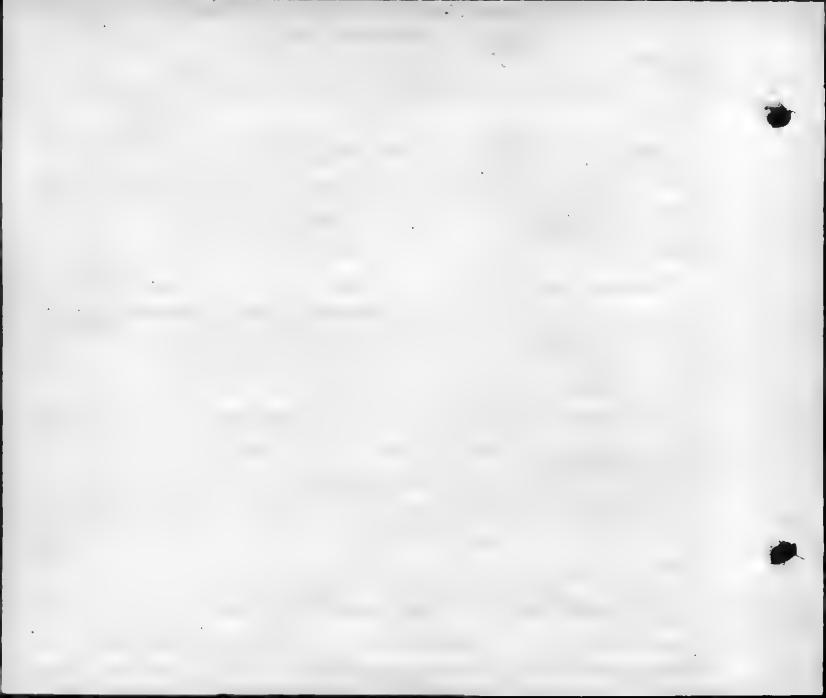
TO FUNERAL DIRECTA: After this certifical has been signed by the attending physicion and completely filled in by the process 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, at removal, and in any event within 72 hours after death. eath. Page & ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY D. STATE b. COMNIY MARYLAND CITY OR TOWN (If outside carporale limits, write c. LENGTH OF STAY IN 16 c_CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) ofter NAME OF HOSPITAL (If not in hospital, give street address) d. STRENT ADDRESS ts RESIDENCE ON A FARM? YES NO TO NAME OF Middle Last DATE Year DECEASED (Type or print) DEATH 19 9 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9/AGE (In years IF UNDER I YEAR IF LINDER 24 HRS last birthday) Months Days Hours Min. WIDOWED [DIVORCED | SWAL OCCUPATION (Give Hind of work done 10b. 11). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17_INFORMANT eose 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ä ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) 6 mis DUE TO permil. Canditians, if any, which ? gave rise to immediate **DUE TO** couse (a), stating the underlying souse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while al work 🗔 at wark p. m. 21. I certify that I attended the deceased fram_ 2, that I last saw the deceased $P_{
m M.}$ from the causes and an the date stated above. alive an and that death occurred at 3 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL DIREC PHYSICIAN'S NAME (Type) HOSPIT may be r 69 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) we attem 0 23. FUNERAL DIRECTOR'S SIGNATÚRE **ADDRESS** 24a. REC'D BY REGISTRAR 246_REGISTRAR'S SIGNATURE DATEN 28 VS A15 (4)

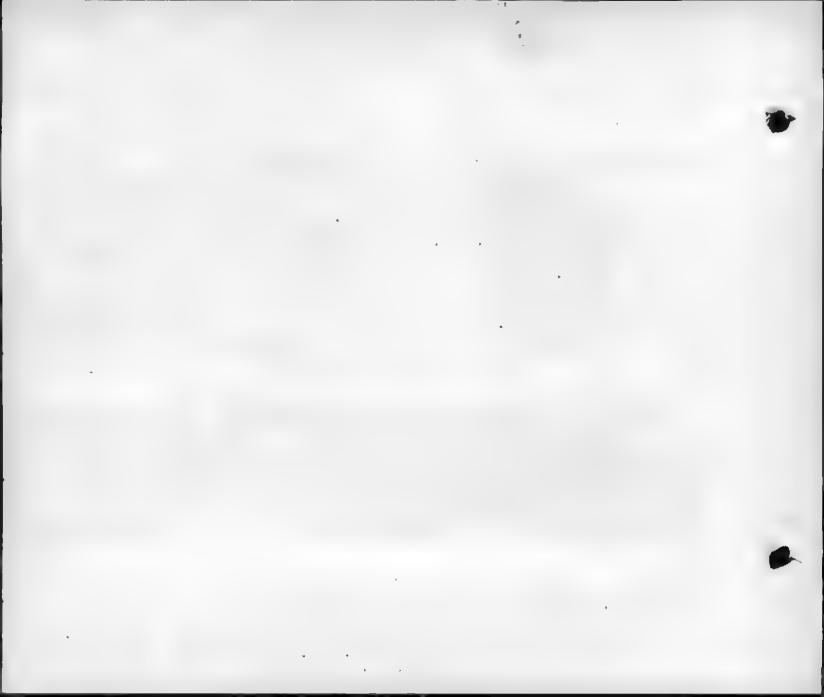


01021

	1005	CERTIFICAT	E OF DEATH		Reg. Dist. No.
Ī	PLACE OF DEATH O COUNTY	The second secon	USUAL RESIDENCE (Whe	re deceased lived. If institution b, COUNTY	Residence before admission)
	Prince Georges	MARYLAND	Mamilane		Prince Georges
4	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF OU	tside corporate limits, write RUR	AL and give negrest town)
L	Cheverly	7 hours	Bladensburg		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	/_	e, IS RESIDENCE ON A FARM? YES TO NO TO
E	Prince Georges General F			is Road	YES NO
F	NAME OF First DECEASED	Middle	Lost	4. DATE Month OF	Day Year
L	(Type or print) William	obert Jones		DEATH Januar	rary 19 19 50
1	. SEX 6. COLOR OR RACE 7. MAR	RIED THE NEVER MARRIED B	DATE OF BIRTH	9 AGE (In years III	FUNDER 1 YEAR IF UNDER 24 HRS
	NE 3 WIDOW	ED DIVORCED C	ent. 1897	1 / / / / / / /	Months Days Hours Min
h	Do USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OF INDUSTRY	Y 11. RIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
l	Jail Reeper	r. Geo. County			The contract of the cool that
L			West Vi		United States
ľ	FATHER'S NAME		14 MOTHER'S MAIDEN NA		
L	Joseph J. Jones		Mary Beg	gs	
þ	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. INFO	RMANT	Addres	1
Г	Yes. note unknown) (if yes any par or dates of service)	15-		We A. Laa	G :
F	18 CAUSE OF DEATH [Enter only one couse per		rgeret L	Wife Address	INTERVAL BETWEEN
l	PART I. DEATH WAS CAUSED BY:		/	6 -	ONSET AND DEATH
	IMMEDIATE CAUSE (0)	erebral tem	wheel ?	, massive	durs
l	OUE TO	10.7	10-	/	1///
	Conditions, if ony, which) (b)	ment no	herlensin		unting
	gave rise to immediate out to DUE TO				
	lying couse lost.	×			
1		CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART Hol 19 WAS AUTOPSY
1					PERFORMED?
1	20 ACCIDENT HAS INIDENIANIE TO 1201 DES	COURT HOW DANIES OF THE PRO	F-4		YES NO
Control of the Control	200 ACCIDENT WAS UNDERLYING (1) 206 DES OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED. (enter nature of injury in re	orrigirantii arinem 18.,	
1					
11000	20c. TIME OF INJURY Month, Day, Year 20d. I Heur o. m. While		OF INJURY (Home, farm, y, street, office bldg., etc.)	20f (City or town)	(County) (State)
2000	p. m 19 at wor	rk ol work	,,,,		
	21. I certify that I attended the decease	ad from 1/18-159	10 in /	119 1059	the A. E. Laure and J. L. H
l			, 19, to/		that I last saw the deceased
	alive on Janurary 19 , 19	59-, and that death ac	corred at 2:35_	M, fram the causes and	d an the date stated above.
1	ACTUAL		5100 1	DDRESS (Street, city or town, sto	DATE SIGNED
ĺ	SIGNATURE SELVES SELVE	1 5 m 2 - M.O	Judun	nadolis ad. l	Ladenstura 1/19/
	PHYSICIAN'S				324.
	NAME (Type) Dr Kauffman				
2	20 BURIAL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY OR C	REMATORY	22d. LOCATION (City, town, or	county) (State)
	Burial 1/21/59	Arlington N		Arlington	Va.
2	FUNERAL DIRECTOR'S SIGNATURE				RAR'S SIGNATURE
ľ	Daniel 2 0 1 4 0	ADDRESS 4739 Bal			WK 2 JIONATOKE
L	descri & bolls	Hyattsville, Md	DATE TAN	21 '59 3	of I though

heral director, death: Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by the hospital ar otherding physician.

O FUNERAL DIRECTAL After this certificate has been signed by the otherding physician and campletely filled in by the page 3 shauld be Jelached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shother registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO FUNERAL DIRECTION POGE 3 should be 20 TO HOSPITAL OR VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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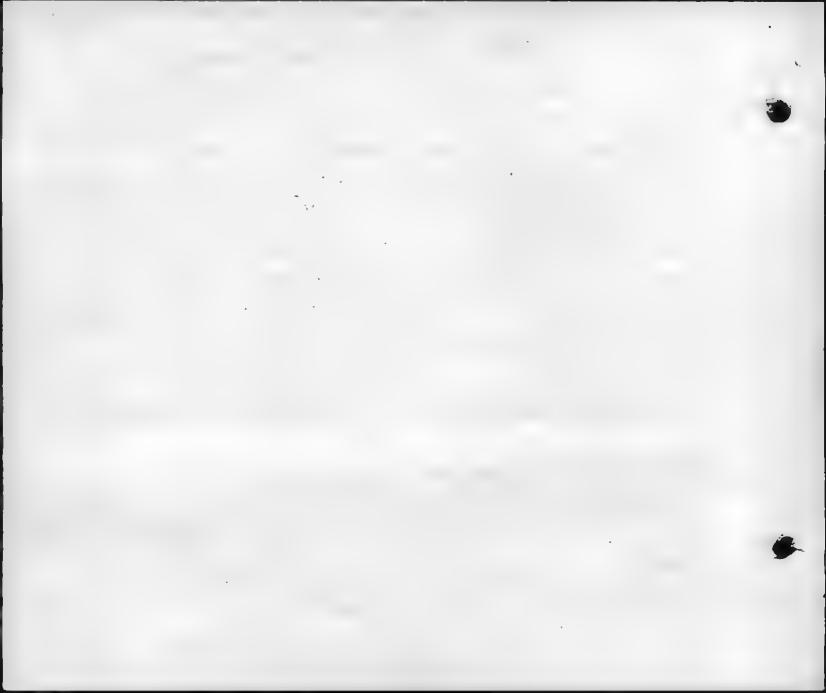
- MEDICAL EX	AMINER'S CERTIFICATE OF DEATH	0.10.
6006	Re	g, Dist, No.
HACE OF DEATH	2 HELLS DESIDENCE Without designed lived of lead without	basidanea balara admi-

1. PLACE OF DEATH a. COUNTY Prince Georges MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b COUNTY Prince Georges			
b. CITY OR TOWN ord give regient to Chever.	(It outside cerparate limits write Eul yn)	c. LENGTH OF STAY IN 16	U.	f outs de corporate limits, writ R iverdale	te RURAL and give nearest town)	
	orges General	t in hospital, give street address) Hospital	6018 Sheric	ian Street,	e is res cent e on a farm? Yes \(\) NO \(\)	
3 NAME OF DECEASED (Type or print)	LILLIAN	MAE	KATES	4 DATE Mor	1	
5. SEX Female	Willia & Jan	MARRIED NEVER MARRIED 8	June 10th, 18	9. AGE (in years lost birthday) 80 yrs	Months Days Hours Min	
100. USUAL OCCUPA during most of wor HOUSOW11	jing life, even if retired)	106 KIND OF BUSINESS OR INDUST At home	Pulaski,	_	12 C TIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Samuel	Blanten		Susan Ho			
15. WAS DECEASED [Yes. no. or unknown]	EVER IN U. S. ARMED FORCE III yes, give wat or dates of serve None		viormant relyn L. Wils	son, 7403 Alli	son St. Hyattsville,	
Conditions, if gove rise to time (a), stolling the couse lost.	nedicte couse DUE TO (c)	ons Contributing to DEATH BUT IN			IVEN IN PART I(o) 19, WAS AUTOPSY PERFORMED?	
PART II, C	ONTRIBUTING CL.	ESCRIBE HOW INJURY OCCURRED (E			YES NO X	
20c TIME OF IN		20d INJURY OCCURRED 20c. PLA While Not white of work of work	CE OF NIURY (Home, form bry, last off office, etc home	East Riverd	ale, Pr.Geo.Co., Md.	
		the remains described abaural couses []. Accident [, Inquiry X, and in my Jermined manner	
ACTUAL SIGNATURE JOHN Malerry M.D. CHIEF MEDICAL EXAMINER [] DAYE SIGNED ASSISTANT MEDICAL EXAMINER []						
EXAMINER'S NAME (Type)	John T. Malon	ey (DEPUTY MEDICAL	35	Jan.9th, 1959	
REMOVAL (Special	Jan. 13th 19			Arlington, V		
W.W. Chambe	or's Signature or a Company, R	iverdale, Md.	3		GISTRAR'S SIGNATURE	

TO DEPUTY MEDICAL ENAMINER: This certificate should be executed within 24 hours ofter death. If any delay is nece execute the certificate word "pending" in pending in them, 18. Give Pages 1, 2, and 3 to the funeral direction as should be fore each as a should be fore EAG to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremotion, or removal, and in any event within 22 hours after death. **VS. A15ME** 5M 2:57



HOSPITAL



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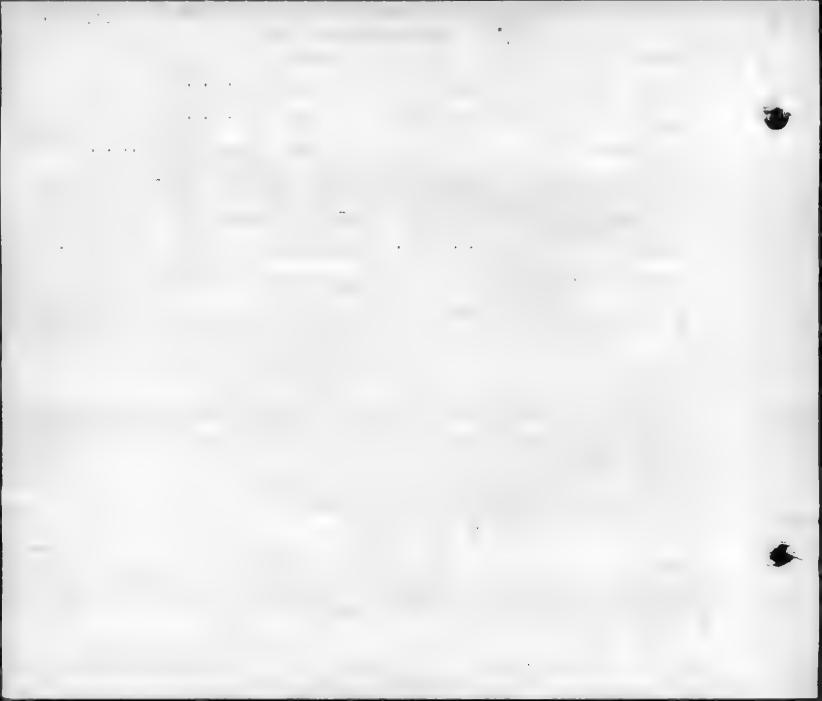
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relatined the hospital are attenting physician.

TO FUNERAL DIRH OR. After this certificate has been signed by the attending physician and campletely filled in by it has been discreter, page 3 shauld be detached far use as the burial-transil mirmit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

			CERTITIO	,,,,,	L OI DEAI				Reg. D	ist. No.		
1. PLACE OF DEATH				2.	USUAL RESIDENCE (V	Where	e deceased		on: Reside	nce befo	re odmi	ssion)
o. COUNTY	INCE GEORG	er e	MATTERIOR		a. STATE	ITM	GTON.	b. COUNTY				V
b. CITY OR TOWN (IF	outside corporate limi		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (I				URAL ond	give nec	orest toy	vn}
HYATTS	'		mnoths	- 11	WASH	TN	GTON.	D.C.	-			
d NAME OF HOSPITA		ive street			d STREET ADDRESS						ON	A FARM?
	LL MANOR				1500	M	ASSAC	HIGHURS	AVE	NH	YES] NO []
3. NAME OF DECEASED	Fir	if	Middle		Last	4	OF	Mon	th '	Do	iy	Year
(Type or print)	PLATO		ELTAS		KREAMER		DEATH	1	-	1	h	19 59
5 SEX	6 COLOR OR RACE	7 MARR	RIED NEVER MARRIED 👿	B D	ATE OF BIRTH			9. AGE (In years				DER 24 HRS.
MALE	WHITE	WIDOWI	ED DIVORCED		7 _ 27_ 18	270		last birthday)	Months	Осуз	Hours	Min
100 USUAL OCCUPATION		lane 10b	KIND OF BUSINESS OR INC	USTRY	11, BIRTHPLACE (SIO	te or	fareign co	ountry)	12. CI	TIZEN O	F WHA	T COUNTRY
CIVII, ENG	TNEER		H.S. GOVIT		JESOP.	T	OWA			II	.S.A	4.
3. FATHER'S NAME				1.	MOTHER'S MAIDEN						-	
FRANKLI	N.D. KREAN	OF TO			CITC	ta bi	MITCO	ELMAN				
15 WAS DECEASED EVER	IN U S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO 17.	INFO	RMANT A	PHIN	PROFES	Add	ress			
(Yes, no or unknown) (II	tyes, give wor or dates of u	(45 16.8		7.17	5. /L. 7	1		10.	211 -	14.		,
Tie CALIES OF DEAS	a fe		NONE	is the	12- for 11	بالاتاك	rin_	Jan	4/	100	2	La mand man
	H LEnter only one co	use per lis	ne for (o), (b), and (c)]	,	11 0					ONS	ET AN	D DEATH
TAKI I. DEAI	IMMEDIATE CAUSE (o		166301421	12-2	A del	22	200	1077				
6	DUE TO		0 4.2 1	190								
Conditions, if on			Stroy	En	2001			1				
gove rise to im				Ť				/ /2	- 1			
lying couse last.	(c)	- C.	2 101 10 37:11	A	11/462	+ 2	11/11	CAN.	267			
PART II. OTHE			CONTRIBUTING TO DEATH 8	UT NO	RELATED TO THE TER	MIN	DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERF	ORMED?
200. ACCIDENT WAS	UNDERLYING []	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury i	in Por	rt I or Part	If of item 18.)				3 110
OR CONTRIBUTING	CAUSE OF DEATH				,							
		e 204 D	NJURY OCCURRED 206	DIACE	OF INJURY (Home, fo	- J	205 (City	de Asserb				10
ZOc. TIME OF INJURY		While	Not while	foctory.	street, affice bldg., e	elc.)	zor, ęciry	or townj		(County)		(Stote)
₹ pm	19	at wor	k at work	,		j						
21. I certify the	it I ottended the	deceas	ed from 10/201	58	, 19 58, to	11	115	1955	that I	lost so	aw the	deceose
alive on//	43	. 193	and that dea	th ac	curred of -5740	1	M. from	_				
alive on, and that deoth accurred of 5 40 M, from the couses and an the date stoted above. ADDRESS (Street, city or town, stote) DATE SIGNED												
SIGNATURE Mediary M. M. Harry M.D 4323 Haward Ste, Selver Springs												
PHYSICIAN'S NAME (Type)				_								
220. BURIAL, CREMATION	22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CR	EMATORY	2	2d LOCAT	JON (City, town,	or county)		ISH	ple)
REMOVAL (Specify)	A	1959		1	etim		21	ashine	ton	9		
23 FUNERAL DIRECTOR'S	1//		ADDRESS >2 2 d	an	11 5 Tan 05	CD	BY REGIST	RAR 24b REGI	STRAR'S SI	IGNATIII	RE	
EQ 11. 1	2 0	11	AUE	U	D.C. DATE	AN I	2 1 '59		lon 8	tray	4	
EXTAIL 641 "	7 40	10 m -	6 / 1/15		M.C. IDATE"							



CERTIFICATE OF DEATH

Reg. Dist. No.

01025

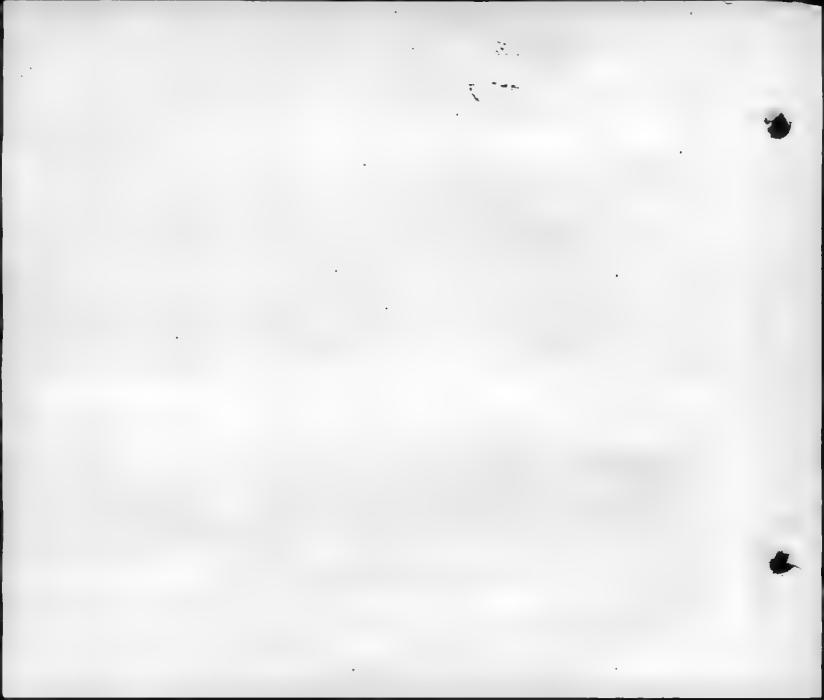
	IIDII			1/4/	DISI, 140.
1. PLACE OF DEATH		MARYLAND	II O STATE	ere deceased lived. If institution: Re Land b. COUNTY Pr	sidence before admission)
Prince (reorge outside corporate timits, write	c. LENGTH OF STAY IN 1b	Mary		
RURAL and give no	arest lown)	C. LENGTH OF STAT IN TO	li	utside corporate limits, write RURAL	and give nearest town)
N. Forest	VILLE At (If not in hospital, give street	a delevat		n Forestville	an Pedar Course
OR INSTITUTION	,	agaress	d. STREET ADDRESS	. A	e. IS RESIDENCE ON A FARM?
	2nd. Avenue		<u>3300 82</u> r	nd. Avenue	YES NO 🔀
3. NAME OF DECEASED (Type or print)	First MATTHEM	Middle .T T.F.T	DERMA N	4. DATE Month OF DEATH January	20, Year
5. SEX	TO THE RESIDENCE OF THE PARTIES WITHOUT STREET		B. DATE OF BIRTH "	P. AGE (In years IF U)	NDER 1 YEAR IF UNDER 24 HRS.
Male	White WIDOW	ED DIVORCED	June 26, 19	1022 V 3.7 yrs Man	ths Days Haurs Min.
	N (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU			CITIZEN OF WHAT COUNTRY?
Ret. Thises	tigator-Dept	+ ofDoforco	Philadel	phia,Pa.	USA
13. FATHER'S NAME	orsacot-neb.	GAOT DETERISE.	14. MOTHER'S MAIDEN N		Lihotz
Matthew	J. Lederman		NIXXKEM	ogoner Tile :	
		SOCIAL SECURITY NO. 117. II	NFORMANT	Address	
Yes	WWII	43-16-9126 M		0.	above
	TH Enter only one couse per	ge for (a), (b), and (c).]		a	INTERVAL BETWEEN ONSET_AND DEATH
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	arconsia.	redlik	the or	6 3R.
144.1	DUE TO		1	17-	
Conditions, if an				,	
gave rise to in couse (a), stating t	nmediate (
lying couse last.	(c)				
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	
8					PERFORMED? YES NO X
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING 20b. DES	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in P	Part 1 or Port II of item 18.)	
20c, TIME OF INJURY	Month, Day, Year 20d, I While		ACE OF INJURY (Home, form, clary, street, office bldg., etc.	, i 20f. (City or town)	(County) (State)
¥ p, m,		rk ot work			
21. I certify the	at I attended the deceas	ed from 9,14	L 1953, 10	1. 20 1959 the	it I last saw the deceased
alive on	1.19 19	J9 and that death	accurred at	₹.M, fram the causes and a	
17	112			ADDRESS (Street, city or town, state)	DATE SIGNED
ACTUAL	and dottes	10 m 12 12	un 3409 A	IA ALESE	1.200.19
1.7	7 5 .)	1)	mile industrial		
PHYSICIAN'S NAME (Type)	RANKSILE	LLEGRINI	(UM574-	30 DC.	
270. BURIAL, CREMATION	22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, tawn, or cou	niy) (Stote)
REMOVAL (Specify)	1-23-59	Arlington N		Arlington, Vi	
23. FUNERAL DIRECTOR'S	SIGNATURE WARRA	ADDRESS	24- PEC'T	AV DEGISTRAD TAN DEGISTRAD	
	Ryan Inc. 31	7 Pa.Ave.,SE	DC3 PATEAN	2 3 '59	S troub
		1	DAIL DAIL		- , = 0.0000

TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by merol director, page 3 should be detached for use as the burial-transit permit. Then please remane carbon papers, Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remanal, and in any event within 72 hours after death.

VS A15 (4) ISM 9/55





VS A15 (4) 15M 10/57

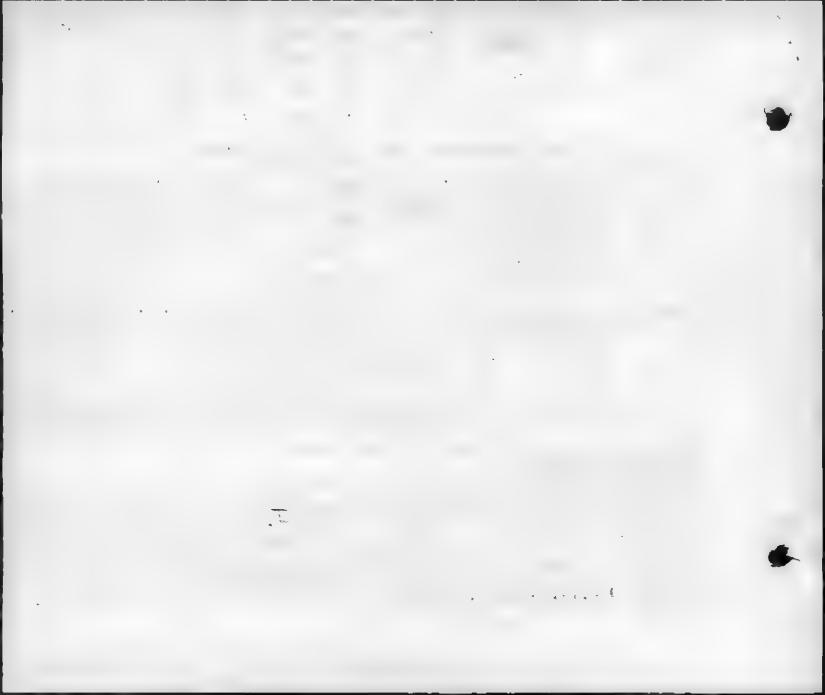
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

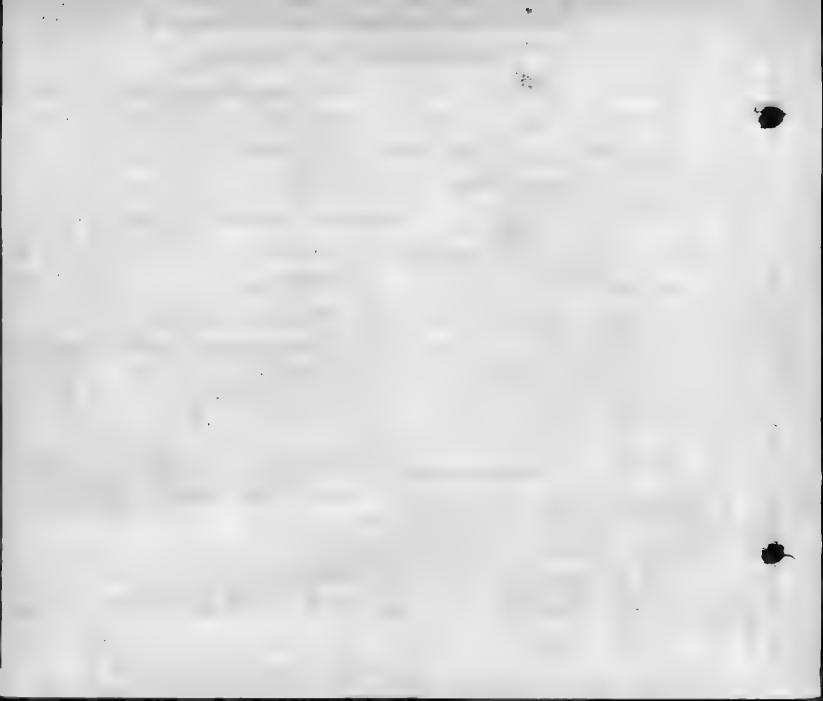
01027

	CERTIFICATE	OF DEATH
OOR'	CERTIFICATE	OF DEATE

Reg. Dist. No.

	1. PLACE OF DEATH COUNTY Prince Ge	- 02 ma n	. A	MARYLAND	o STATE	E (Where deceased lived	L COUNTY ,.		mission)
		If outs de corporate limi	ls, write	c. LENGTH OF STAY IN 16	Maryland	N (If outside carparate hi	Prince Ged		town)
	RURAL and give in Cheverly	earest Iown)		7 Days	W. Hyatt		,		,
		AL (If not in hospital, g	ive street (d. STREET ADDRE			e, IS	RESIDENCE N.A. FARM?
^ ₂		orges Jener	ral		2714 Kir	kwood Pl.			NO D
1	3 NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE OF	Month	Day	Yeor
	(Type or print)	Clyd			"alone	DEATH	January	_3	1959
	5. SEX			HED NEVER MARRIED	B. DATE OF BIRTH	O los	birthday) Manths	Doys Ho	NDER 74 HRS
	Male	White	WIDOWE	ED DIVORCED L	October	1894	64 hr	ZENI OE W	HAT COUNTRY?
	during thost of wor	king life, even if retired)	Publishing (O CUM	berland 17	4	US	3 A.
1	13. FATHER'S NAME	Mes	401	CNE.	14 MOTHER'S MAIL	DEN NAME	ve (un	tino	WA)
1	15. WAS DECEASED EVE	R IN U. S ARMED FOR		SOCIAL SECURITY NO 17	INFORMANT UP (Ile M. Ma	1 o Address		
	NC	(ir yes, than whi to deline to a		50-10-8394	Wife	2711 Kirkwa	2 49 4 715 #	Ivatts	ville.Md
	PART I, DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which) INTERVAL BETWEEN ONSET AND DEATH Conditions, if ony, which)								
	gove rise to i couse (a), stating lying couse last.	mmediate the under-	1			7600.0			
7	PART II OTI	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE CON	DITION GIVEN IN PART	PE	AS AUTOPSY REFORMED?
	OR CONTRIBUTING	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of inju	ry in Port 1 or Port II of	item 1B.)		
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	or 20d. It White of worl	Not white fe	ACE OF INJURY IHome clory, street, office bldg	, form, 20f (City or too	vn) (C	ounly]	(Stote)
	actual SIGNATURE	and attended the	decease 19.4	ed fram. The Topic of the same	1958, to accurred at 4	TAN 3 TEM, from the ADDRESS (Street, c	causes and on th		he deceased tated abave. DATE SIGNED
	PHYSICIAN'S NAME (Type)	UR. W. III	am	1). KOSSON	ΡI	adenstu	my mas	yes	rud
	220. BURIAL, CREMATIC REMOVAL (Specify)	JAN 7,1	957	22c NAME OF CEMETERY C	OR CREMATORY ,	ZZG LOCATION (City, town, or county)		Md d
	23 FUNERAL DIRECTOR	S SIGNATURE	A	ADDRESS 58010		RECD EXPEGISTRAR	246. REGISTRAR'S SIG		
	16611.Ch	unchees	Co.	Filleela	le 200 (2)	E JAN 7 '59	LANGER D.	/ Julia	





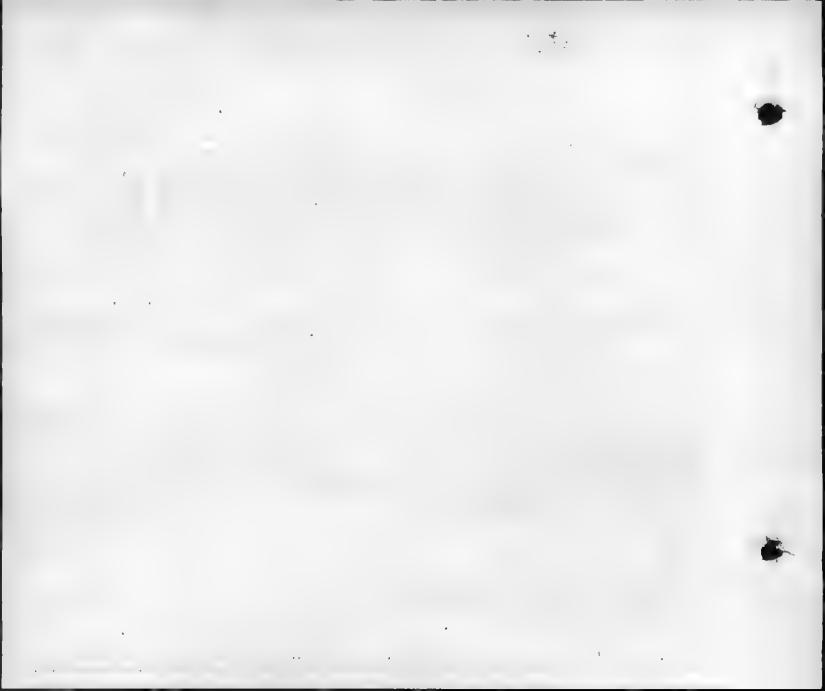
VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
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CERTIFICATE OF DEATH

01023

	1010 C	ERTIFIC	ATE OF DEATH	f	Reg. Dis	I. No.	
·	Prince George's	MARYLAND	2. USUAL RESIDENCE (Who of STATEMARY)	ere deceased lived	If institution Resident	e before od	rge's
1	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH (OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate lin	nits, write RURAL and g	ive negrest	town]
ı	Greenbelt. Md 4 mont	hs	Greenbe				
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS			e. IS	RESIDENCE
	2 F Northway		/ 2 F North	nway			N A FARM?
3	B. NAME OF First	Middle gina	Mason	4. DATE OF DEATH	Jan 5,	Day	Year 19 59-
5	female 6 COLOR OR RACE 7. MARRIED NEVER	MARRIED DIVORCED	B. DATE OF BIRTH Oct 23, 1880	9 AG	1 11 11	1 YEAR IF U Days Ha	NOER 24 HRS
1	Oa USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUS during most of working life, even if retired) Llousewife Own Home		Pennsylvai			S · A	HAT COUNTRY
1:	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
İ	John Loftus		Mary Mary	lahon			
1	5 WAS DECEASEDEVER IN U. S ARMED FORCES? 16 SOCIAL SECU [Yes, gave wor or dofes of service] NO NONE		informant ry M Patters	on Gre	Address enbelt, Md	l.	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (c)		Abriotilla	UF (·)		5.	CCL CLAS
COTICA TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		T NOT RELATED TO THE TERMII			PE	REORMED?
NACTICAL C		e fa	IACE OF INJURY [Hame, form, clary, street, office bldg., etc.	20f. (City or tav	rn) (C	ounly)	(State)
	21. I certify that I attended the deceased from alive an Market 5 , 195 f., an	d that death	n accurred at 1 1	M, fram the		ast saw t e date st	he decease tated abave
	ACTUAL SIGNATURE The is Willedie 2 M.D. 30-C RIDGE Ret, J's Localet 17 met 17-5						
	PHYSICIAN'S HANS WODAK						
2	REMOVAL (Specify)	OF CEMETERY O	n Cemetery		City, tawn, ar county) Manor, Md.	,	State)
2:	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	S		BY REGISTRAR	24b REGISTRAR'S SIG		
	F. Gasch's Sons Hyattsvill	e, Md.	DATE JA	N 9 '59	Chilum S.	Firans	



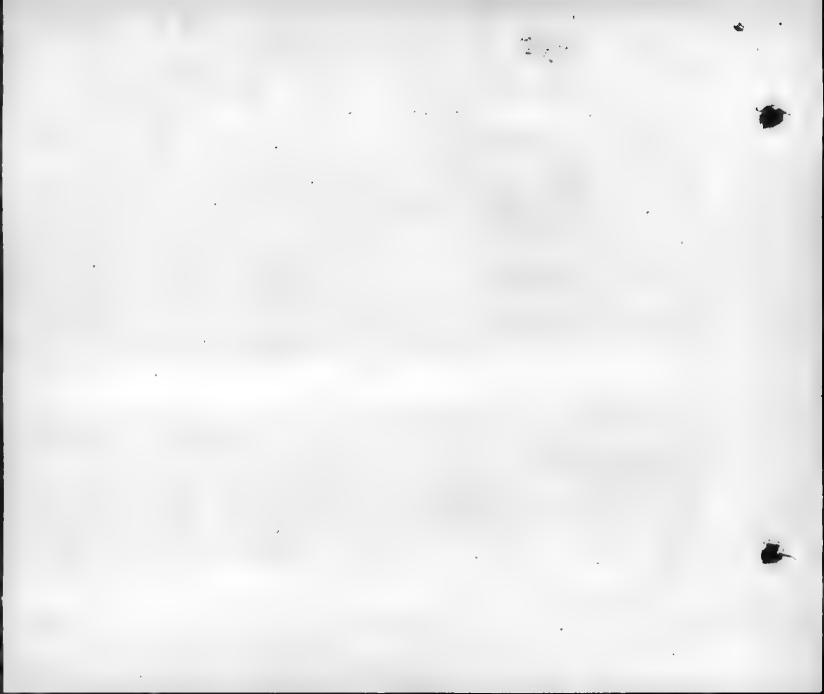
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led in by the neral	71	7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01030

	CERTIFIC	ATE OF DEATH Reg. Dist. No.
i	1. PLACE OF DEATH O. COUNTY RINEF G-ECRGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If hot in hospital, give street address)	d. STREET ADDRESS (e. 15 RESIDENCE
)	PROBERGES GEN HESPITAL	1212 10 AV. YES 10 NO
į	NAME OF DECEASED (Type or print) CARRIE B	ACAFEE 4. DATE Month Day Yeor DEATH January 1, 19 59
	S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH Nev 20, 1873 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS lgst b-rithdoy) Months Days Hours M.n
i	19a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDI- during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ANDREW. J. FRANCIS	OLIVE MANLEY
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no or unknown) Ill yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17	ICHN B. MCAFEE 1214 610X WUE
	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	420.0 MAMEDIATE CAUSE (a) COLLEGES 1.1.	i /
	Conditions, if any, which gove rise to immediate (b) Arthropolic	rutec heart disease.
	couse (o), stoting the under- lying couse lost. DUE TO	
ggb.	ССАТ	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 12
		ED. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	(County) (State) (ACE OF INJURY (Home, form, 20f. (City or town) (County)
	21. I certify that I attended the deceased from ACP A	1958, to fles 1 1959, that I last saw the deceased
	alive an 1227, and that death	ADDRESS (Street, city or town, stote), DATE SIGNED
	SIGNATURE / 1 tes felles	MD. Conselver Con Capital Aglilo 9-2-50
	PHYSICIAN'S FETER DUUS	*1714
	220 BURIAL CREMATION, 226 DATE THEREOF 220. NAME OF CEMETERY C BURIAL (Specify) 1-5-59 WASHINGTO	OR CREMATORY 12 22d LOCATION (City, lown, or county) (Stole) AND WARY 1-AND
	23 FUNERAL D. RECTOR'S SIGNATURE CO. Time Williams yl	DATE AND 5 153



	•	
eath certificate be executed within 24 haurs after death. Page 4	ending physician and completely filled in by the neral director.	
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arrer	# #	
Maurs	in by and 2	
92 U	filled ges 1	
3	etely Po	
recured	compl	44.4
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ritticate	physicial	7
earh ce	ending lease re	2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 968

CERTIFICATE OF DEATH

01031

Reg. Dist. No

1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE M. R./L. N.N.D. b. COUNTY RINGE LEURGES
b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) WFST HIATISVILLE	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 15 WEST HYATTSVILLE
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	of STREET ADDRESS FAST WEST HUY. C. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) William PATRICK MCALINDEN	Lost 4. DATE Month Day Year OF DEATH WANTARY 17 1959
5. SEX 6. CÓLÓR OR RACE 7. MARRIÉD NEVER MARRIED	8 DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Manths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b RIND OF BUSINESS OR INDU during mashof working life, even if retired) VAVY VAR D	JSTRY 11. SIRTHPLACE (State or foreign country) IRELAND 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JUILN MCALINDEN	14. MOTHER'S MAIDEN NAME FLIZ DB FTH WRIGHT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. IT 1911. No or unknown) (IT yes, give wor or dates of service) 377-12-3759A-	TOHN M. MCALINDEN 2313 Ross RD S.S.M.
/53,3 DUE TO	PNEUMONIA (terminal) INTERVAL BETWEEN ONSET AND CEATH ONSET AN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ARTERIOSCLEROTIC / CAP	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? T d'S cds c ED. (Enter noture of injury in Port I or Port II of item 18)
20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e, PL	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bidg., etc.)
21. I certify that I attended the deceased from 1/1 N alive on 1/1 N 17 1959, and that death	h occurred at 715p. M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) M.D. 1034 PERRY ST. N E.
PHYSICIAN'S JOHN F. BRENNAN UR.)	1.D WASHINGTON 17, P.C.
220. BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OF CONTROL OF CONTROL OF	OR CREMATORY 120d. LOCATION (City, town, or county) (State) MARYLAND
23. FUNERAL DIRECTOR'S SIGNATURE Handon 3831- Gal	and MU 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE N 2 0 '59 - 7 8 - 44



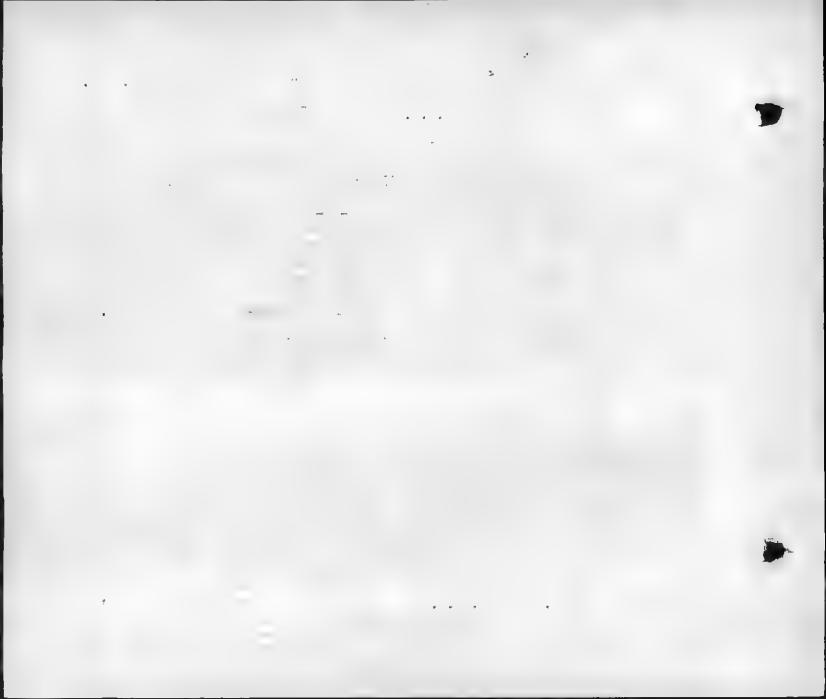
1'1. 6 co. C. 3.34 Palverdale .. Funne Lelem en 12 12 Y . 2 4 . 3 Ludr 1 . was I was a few 74 x d 11 A.



1	X	NT.	tems 18-21 Film TATEDICATE DEPARTMENT OF HEALTH-BALTIMORE, 18
FOR S	TATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
meanth 8 % _ £	DEPT.	1	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE YWhere deceased lived. If institution: Residence before admission) O. STATE Landing of in COUNTY
Sory, Ple	X		b. CITY OR TOWN (if outside corporate limits, write RURAL ond give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate I mils, write RURAL ond give nearest town) Level on and a limit of the corporate I mils, write RURAL ond give nearest town)
is necessarial direction			ANAME OF HOSPITAL OR INSTRUCTION (If not in hospital, give street address) of STREET ADDRESS Villa Georges Scrawf 18-14 the Alicat ACC YES [NO FO
deloy he fune retoin he Stote		3.	NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Name OF DEATH A DATE O
d 3 to t d 3 to t may be with Il		59-	SEX 6 COLORGE RACE 7. MARRIED MINEVER MARRIED 8. DATE OF BIRTH Colored WIDOWED DIVORCED Sept-17,1916, Page 14 years Months Days Hours Min.
er death 1. 2. an Page 5 1 and 3			during most of working life, even if retired) Apartment Hourf Leathert Dealine of Colombia 12. CITIZEN OF WHAT COUNTRY? Dealine To Colombia 12. CITIZEN OF WHAT COUNTRY? Lasticet Dealine 12. CITIZEN OF WHAT COUNTRY?
Pages m PM3.			Land middleton Janue adams
hin 24 h		15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INTORMANT YOU WITH JOHN OF Address Address LOWER TO LOWER TO U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INTORMANT LOWER TO MAKE THE PROPERTY OF T
item, 18 olang v it perm			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PART 2. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)
e execu offile of-trons	V		Conditions, if ony, which) (b) HHHHHHHHHHH) (1) left patella at
hould b miner's miner's o buri			gove rise to immediate couse (o), stelling the underlying couse tost. Out to (c) attachment of quadriceps femoris tendon
ficale s pending cal Examed as		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
word " f Medic uld Ee		L CERTIF	200 EXTERNAT CAUSE WAS PRIMARY IT or CONTRIBUTING Slipped and fell down a hill
NER: 11 ng the he Chie e 3 sho ar to E	1,	MEDICAL	20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 70c FLACE OF INJURY (Home, form, 120f (City or hown) (County) (Stote) M Hot of work 12 7 19 58 While of work 12 Apartment house 2504 Southern Ave. E P.G.Co.
EXAMI e, writi ed to t R; Rag ent, pri			21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry [7], and in my opinion death resulted from: Natural causes [7], Accident [8], Suicide [7], Hamicide [7], Undetermined manner [7]
erifich orw orw IRE			ACTUAL SIGNATURE OF A DATE SIGNED
orry ME of the could be f			EXAMINER'S ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUT
O DEP execut 4 shou O FUN		7	BIRRIAL CREMATION. 226 DATE THEREOF PORCE NAME OF CEMPTERY OR CREMATORY 22d, LOCATION COV., Jown. or country of Compensation o
VS A1SME 8M 2 '57		23	EUPERALDIRECTOR'S SIGNATURE LICENS SIGNATURE DATE HR 1 3 '59 C. W. S. FLORIS
		Lake .	



	1		. MARYL	AND S	TATE DEPA	RTME	NT OF HEALT	H-BAL	rimore, 1	8 11	035
ATE			ME	DICAL	EXAMI	NER'S	CERTIFICA	TE OF	DEATH	(7.2	. (,/ =
EPT.	=	PLACE OF DEATH	101	5			To Hellah proposition	had I	2 87 2 18 2 29 2	Reg. Dist. No	
	1.	COUNTY .	Dudnes Ceens	in a		BMC 45 III	2. USUAL RESIDENCE		b. COUNTY		
	-		Prince George Lands, write		c. LENGTH OF ST	AY IN Th	Mary.			Pr. Geo	
	`	and give negrest to-	vn)				c. CITY OR TOWN (role limits, write h	OKWE OUG & AS US	earest rawnj
	-		Cheverly		D.O.A		d STREET ADDRESS	tsville			Te IS REJUDING
99		D				11.4021	/	-h Oh-			ON A FARM
	3	T.THE	Georges Gene	- 14	Widdle		5504 Ner	required a second of			YES NO
		Type or print)				3// 3 7	Lost	4. DATE OF DEATH	Month	Day	Year
	5, 9		6. COLOR OR RACE		wine	Mill	-		January	FUNDER TYEAR	19 59
	J			WIDOWED			1 - 4		last birthday)	Months Days	Hours Min.
	10-	Female_	White ION (Give kind of work of				4=26= 1920		38 yrs.		
	100	luring mast of work	ing life, even if retired)	ione Tuo, Kii	ND OF BUSINESS (AK INDUSII					WHAT COUNT
Ħ	A-	Housew:	TI6 TIE		_			/irginia	<u> </u>	USA	
4	V°.						14 MOTHER'S MAIDEN				
	15		nael Donahue		OCIAL SECURITY N	0 117 19	Trene	Barnes			aspen.
	{Y==	na, er unknown)	(If yes, three was as deter of s		OCIAC SECORITY N				Address	" "	
	<u></u>	No					ester Miller	same	address		
			ATH [Enter only one cov			,				INTER	YAL BETY/FEH
		PAKI I, UE	ATH WAS CAUSED BY: IMMEDIATE CAUSE [6]	A(cute cong	estiv	e heart fai.	lure			0x79948-964 +
		443X	DUE TO								
		Conditions, if		HJ	pertensi	ve ca	rdiovascular	diseas	3e		
		(a), stating the									
		couse fost.	(c).			-					
0	Ž.	PART II, O	THER SIGNIFICANT CON	NTIONS CON	ATRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVE	N IN PART 1(a) 15	PERFORMED?
- *	2									Υ	es 📗 No🛣
	RTIF	PRIMARY D or CO	INTRIBUTING []	DESCRIBE	HOW INJURY OCC	CURRED (E	nter nature of injury in Pa	kt f or Part It a	fitem 1# }		
	100	CAUSE OF DEATH		Υ							
	SIGS	20c. TIME OF INJ		r 20d, IN While	Not while	20e PLAC	E OF INJURY (Home, for ry, street, office bldg., et	m, 20F (City o	or fewn)	(County)	(State
	ME	p m			ot work	. 1					
		21. I certify	hat I toak ch <mark>or</mark> ge	of the re	moins describ	ed abar	re, held an Autap	sy 🔲, fins	pectian 🛴,	Inquiry X,	and in m
		opinion death	resulted from: N	lotural co	uses KAL Ac	cident [, Suicide ,	Hamicide	, Undeterr	nined manne	
		Δ	/	1 /) —						-
		ACTUAL SIGNATURE	ofmi) y	Vala	men		M.D. CHIEF MEDICAL	XAMINER [DATE SIGNED
6		7		· ·	1		ASSISTANT MEDIC	CAL EXAMINER			
		EXAMINER'S NAME (Type:	John T. M	alonev	MaD.		DEPUTY MEDICAL	EXAMINER TO	Janu	ary 10,	1959
	220	BURIAL CREMATI	ON. 1226. DATE THEREO	-	2c. NAME OF CEN	ETERY OF	CREMATORY	27d LOCATIO	ON (City, tawn, or	county)	(State)
	1	ELITER Specific	1/14/5	9-1	Erec) fil	1 Cen	netery	Lho	ma -	wish	me.
	23.	FUNERAL DIRECTO	R'S SIGNATURE	1/	ADDRESS	1	240. REC	D BY REGISTRA		RAR'S SIGNATUR	E
	3	Flases	le Sona.) tya	Usrell	m	DATE .	JAN 1 4 '5	9	47 8. The	W4
				77-			1 - 7114				



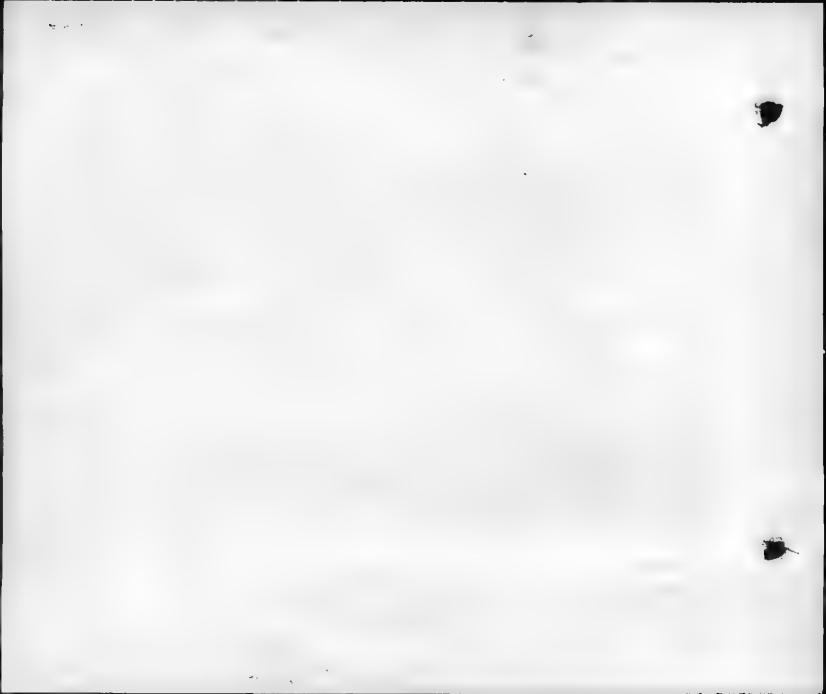
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	101	6	CERTIFIC	CATE OF DEAT		MOKE, I	Reg. Dist.	01038
The same of the sa	ice George		MARYLAND	Maryrane		ved If institution		
RURAL ond give	rly		c. LENGTH OF STAY IN 16	Silver Spi		e limits, write RU	RAL ond give	-
PSAMORUTE	gorge dener	il Hos	sprual	Route 2				e is residence on a farviz yes \ no [
3. NAME OF DECEASED (Type or print)	Vallie F	rat	Middle	Mills	4. DATE OF DEATH	Jan 25	h	Doy Yeor 19 19
s sex Male	6 COLOR OR RACE	WIDOWI		B. DATE OF BIRTH Mar.4, 1888		last birthday) 70 yrs.	Months Do	EAR IF UNDER 24 HI ys Hours Min.
abiling most of we	NON (Give kind of work prking life, even if retired	1	KIND OF BUSINESS OR INC etired Farmer	DUSTRY 11. BIRTHPLACE (Ston		try)		N OF WHAT COUNT
Benjami				14. MOTHER'S MAIDEN Columbia		' 5		
15. WAS DECEASED EV	VER IN U. S. ARMED FOR			INFORMANT Sen, Chester 1	B. Mills	Addre	255	
PART 1. DE	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c		D	reumoni	A			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gove rise to couse (o), stating	ony, which) (t	C	enebnal 1	Throm bos	15			ZWKs.
PART II O PART II O PART II O OR CONTRIBUTING (IF EITHER, NOTIF			ONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIVE	N IN PART 10	b) 19 WAS AUTOPS PERFORMED? YES NO
200 ACCIDENT WOR CONTRIBUTION	VAS UNDERLYING DIG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURI	RED. (Enter noture of injury in	Port I or Port II	of item 18.)		
20c. TIME OF INJU Hour a. m.		20d. IN White of work	Not while	PLACE OF INJURY (Hame, for foctory, street, office bldg , et	m, 20f. (City or	town)	(Cou	nty) (Stot
21. I certify to olive on	that I attended the 1/25	decease , 19 <u>.5</u>		th occurred at 12.55 M.D. 3.5			nd on the	t saw the decea date stated abo DATE SIGN
PHYSICIAN'S NAME (Type)	Monman	10	NAT Come	194 MT	RAIM	ien M	7	
ZOMAYZO	· 1/23/V	4	Tridirect	OR CREMATORY	22d TOCATION	N (City, town, or	county)	(State)
23 EUNERAL DIRECTO	R'S'SIGNATURE	2/-	ADDRESS VIII	MA DATEAN	D BY REGISTRAL	R 24b REGIST	RAR'S SIGNA	TURE



CERTIFICATE OF DEATH 1061 Rea, Dist. No 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) o. COUNTY MARYLAND b. CITY OR JOWN (If autside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest town) d NAME OF HOSPITAL (If not in haspital, give street address e IS RESIDENCE d. STREET ADDRESS ON A FARM? YES T NO D 3. NAME OF Middle DATE lost Month Year DECEASED OF (Type or print) DEATH 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years HEUNDER I YEAR IF UNDER 24 HRS lost B'ribdoy) Months Days Hours Min WIDOWED [DIVORCED | popers. חוצמום 10a. USUAL OCCUPATION (G ve kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY death. during most of working life, even if retired) RUILDING LUM BER'S HELPE puo ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which] gned gave rise to immediate per DUE TO cause (o), stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19 WAS AUTOPSY PERFORMED? YES IN NO. 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e PLACE OF INJURY [Home, form, 20f (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Nat while of work [7] of wark p. m. 21. I certify that I attended the deceased from that I last saw the deceased olive an PM, fram the causes and on the date stated above. DATE SIGNED DIRECT ACTUAL SIGNATURE prior shauld O HOSPITAL FUNERAL I PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAT ON, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LQCATIQN (City, town, or county) page REMOVAL (Specify) 9 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death.

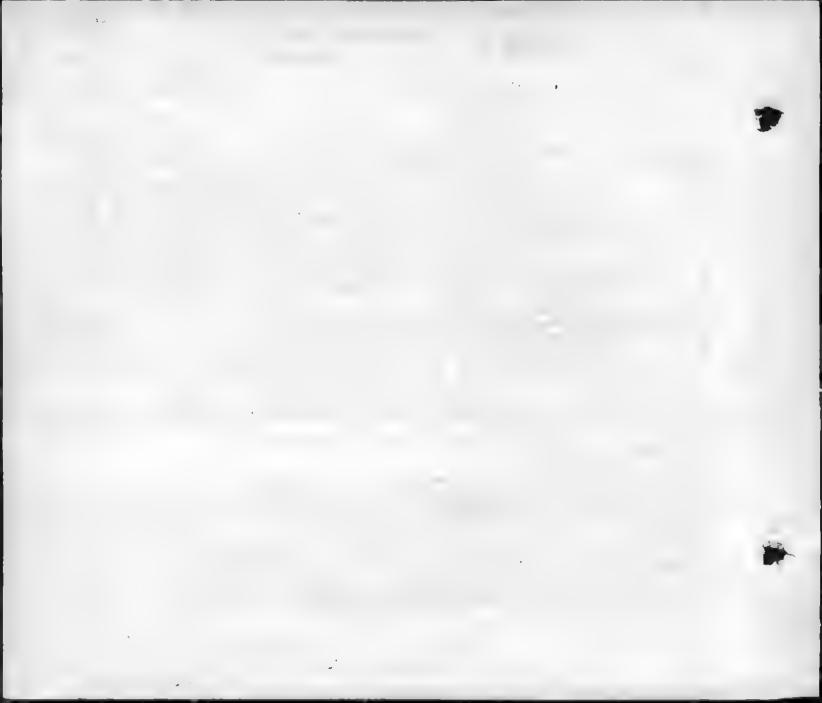
nd,

Reg. Dist, No. . IS RESIDENCE ON A FARM? YES NO 7 Yeor 195 IFUNDER I YEAR IF UNDER 24 HRS Months Doxs Hours Min 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES 🔲 NO [(County) (Stote) 2 JAN, 1959 that I last saw the deceased ADDRESS (Street, city or town, stole) / JANS PDATE SIGNED (Śtole) 345 BEGISTRAR'S SIGNATURE

MAG. REC'D BY REGISTRAR

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23. FUNERAL DIRECTOR'S BIGNATURE



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	40
7	1017 CERTIFICATE OF DEATH Reg. Dist. No.	X ()
	PLACE OF DEATH a. COUNTY a. COUNTY a. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence before odm ssion of Maryland b. County Prince George	
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Cheverty c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Bladensburg	
j.	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSULUTION OR A FUNCE George General Hospital 6. IS RESID ON A F	ARM?
		59
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Female 8. DATE OF BIRTH NOV. 13, 1906 9. AGE (In years last birthday) 52 yrs Months Days Hours	24 HRS Min
1	Os USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife Own Home 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY USER COUN	OUNTRY?
1	14 MOTHER'S MAIDEN NAME Henry Pearson ?	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Eugene Address Bladensburg no or unknown) 19 year, give wor or dates of service) no hand Husband, Eugene P. Noacle, 51/21 Taylor St.	, Md
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	on th
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS ALL PERFORMANCE OF THE PERFO	MED?
	200 ACCIDENT WAS UNDERLYING [] 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part t or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 at wark at wark 20d INJURY OCCURRED While Not while at wark at wark 20d INJURY (Caunty)	(Stote)
1	21. I certify that I attended the deceased from	
	Po. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) REMOVAL (Specify) 1/30/59 Fort Lincoln Cemetery Colman Manor, Md.	

F. Gasch's Sons Hyattsville, Md.

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240 REC'D BY REGISTRAR DATE AN 2 9 159

246 REGISTRAR'S SIGNATURE



Foge HEA		1
FO HEA	R LT	ST.
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Mages 1, 2, and 3 to the funeral director. Page 4 should be fay "ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for its files	TO FUNERAL DILLAZOR: Page 3 should be used as a buriok-transit permit. File pages 1 and 2 with the State Burn. If Health?	wrs ofter death. ". *

p.

VS AISME 5M 2 57

22

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ATE DEPT. 10 MEDICAL CERTIFICATION

			111						R	eg. Dist. No.	
7	COUNTY Pri	n v e Ge	orge	¹s	MARYLAND		arylan		d. If institution b COUNTY	Residence before Prince	and the same of th
ł	Chever	ly	s (s. write: RUR	Dead	on arr	U _	TOWN (IF SOLE)		limits, welte RUR	AL and give nea	rest town)
(. NAME OF HOSPITA	L OR INSTITUT	ION (If no	t in hospital, give str	reel address)	d STREET	ADDRESS				E IS RES DONE F
	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	orge's	Gen	eral Hos	spital	/ 121	4 55th	Aven	ue		AEZ ON V EVENTS
	NAME OF DECEASED (Type or print)		ter	Clif		Niemye	1 0	EATH	Januar	y 6	1959
5. 5	SEX	6. COLOR OR	RACE 7.	MARRIEDX NEVE	R MARRIED 0	DATE OF BIRTH		- lout I	hardballank .		UNDER 24 HRS
	Male	White			IVORCED 🔲	Octobe		094	00 yrs		dourn Min
100	usual occupation furing most of working Carpent	j life, oven if re	work done tired)	Reti:		1	th Car			U.S.	WHAT COUNTRY?
13	FATHER S NAME	<u>~ т</u>		110 0,11		,	MAIDEN NAME	-			
		an i.e.e.					lie St				
3.5	The second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section of the second section is a second section of the second section of the section of th	The state of the s	-	iemyer	and the last	1	TIG DA	GMST. 0			ww
I Am	Yes Yes		dates of service			renda	Jane S	chult	Z Silv	Terra	ce Dr
	18. CAUSE OF DEAT	H [Enier only c	iue conse b	er I'ne for (o), (b), o	end (c).]	4-				ENTERVA	LL PET TOTAL
	PART I DEATI	H WAS CAUSED	BY: USE (a)	۸ ۵۱۶	+	aatima	hoomt	fail	21220	0.1367	NIP PLANT
	444X		JE TO	HCU	te-cong	GPPTAG			ULL C	1	_
	Conditions, if an			Car	diovasc	ular r	enal d	iseas	е		
	gave rise to immed	iote couse	(b) _								may.
	(a), stating the u	nderlying DI	JE TO (c)								
CERTIFICATION	PART II, OTH	er significan	CONDITION	ONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMINAL (DISEASE CON	DITION GIVEN I	N FART 1(0) 19.	PERFORMED?
	20g, EXTERNAL CAUPRIMARY Digr CON CAUSE OF DEATH.	SE WAS TRIBUTING []	20b D	ESCRIBE HOW INJU	RY OCCURRED. (F	nter noture of in	jury in Part I or	Part 11 of item	19)		
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, D	oy, Yeor	20d. tNJURY OCCI While Not vot work of work	vhilefacto	E OF INJURY (I	tiome, form, 20 bldg., etc.)	of, (City or tow	vn)	(County)	(Slote)
	21. I certify the	at I taak ch	narge af	the remains d	escribed aba	ve, held an	Autopsy [, Inspec	tion - ti	naviry 4	and in my
	opinion death		_		_					ned manner	
	ACTUAL SIGNATURE	me	N-	2. 1	Joyal.	., M.D.	NEDICAL EXAMIN			1	DATE SIGNED
	EXAMINER'S NAME (Type)	James	I. H	Boyd	٧	DEPUTY	MEDICAL EXAM	INER Z	Janua	ry 7,	1959
220	BURIAL, CREMATION REMOVAL (Specify)			M na	OF CEMETERY OR	CREMATORY	22d	LOCATION (City, town, or co	unity)	(State)
23.	burial FUNERAL DIRECTOR:	SIGNATURE	/9/59	ADDRE	SS	ationa	1 Cem	Ft.	Myer.	Va. R'S SIGNATUIF	
	The S.H.	Hines	Co.	2901 11	th St.	N.W.	LANGE OF	'59	Circles ,	19	



PLACE OF DEATH o. COUNTY

0

CITY OR TOWN RURAL and g've d NAME OF HOSE

OF INSTITUTION

NAME OF DECEASED

5. SEX

CERTIFICATION

17

(Type or print)

10a. USUAL OCCUPATI during most of wa

13. FATHER'S NAME

IS. WAS DECEASED BY

18 CAUSE OF DE PART I. DE.

Conditions, if gave rise to couse (a), stating lying couse lost.

20c. TIME OF INJUI

MARYLAND STATE DEPARTM	IENT OF HEALTH—BALTIMORE, 18	
1064 CERTIFICA	ATE OF DEATH Reg. Di	1)10±2
RINCE GEORGE MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residen a STATE DISTRICT of COUNTY	
If outside carparale limits, write c. LENGTH OF STAY IN 16 earest lown) US A.F. BASE	c CITY OR TOWN (If cutside carporate limits, write RURAL and s	give nearest town)
TAL (If not in hospital, give street address) HOSPITAL, ANDREWS	4911 ROANNE DRIVE	e. IS RESIDENCE ON A FARM? YES NO
SUSAW CAROL 16. COLOR OR RACE 17 MARPHED TO NEVER MARPHED TOT	O'DER DEATH JANUARY	Day Year 1959
CAU WIDOWED DIVORCED	JAN 11, 1959 last birthday Months	Doys Hours Min
ON (Give kind of work done 10b, KIND OF BUSINESS OR INDU:	MAKYLAND	USA
T O'DER	CAROL A HOL	tor
R IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11 you give wor or sought service)	NFORMANT Address ATHER - John T. O'DER - See	#2
ATM [Enter only one couse per line for (a), (b) and (c)] ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMA	TURITY	INTERVAL BETWEEN ONSET AND DEATH
ny, which (b) (b) DUE TO		4/2hrs.
) (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
AS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED DESCRIBE HOW INJURY OCCURRED MEDICAL EXAMINER)	D. (Enler nature of injury in Part I ar Part II of item 18.)	YES NO
Y Month, Day, Year 20d INJURY OCCURRED 20e PL While Nat while for work of work	ACE OF INJURY (Home, form, 20f. (City or town) (Citary, street, office bldg., etc.)	aunty) (State)

PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY

MEDICAL Hour o.m. 1959, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 055 OAM, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) // JAN59 DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

BURIAL CREMATION 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) C. MORGUE JAN5 REMATION WIASHINGTON, D.C.

23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR DATE AN 1 5 '59



FOR STATE HEALTH DEPT.

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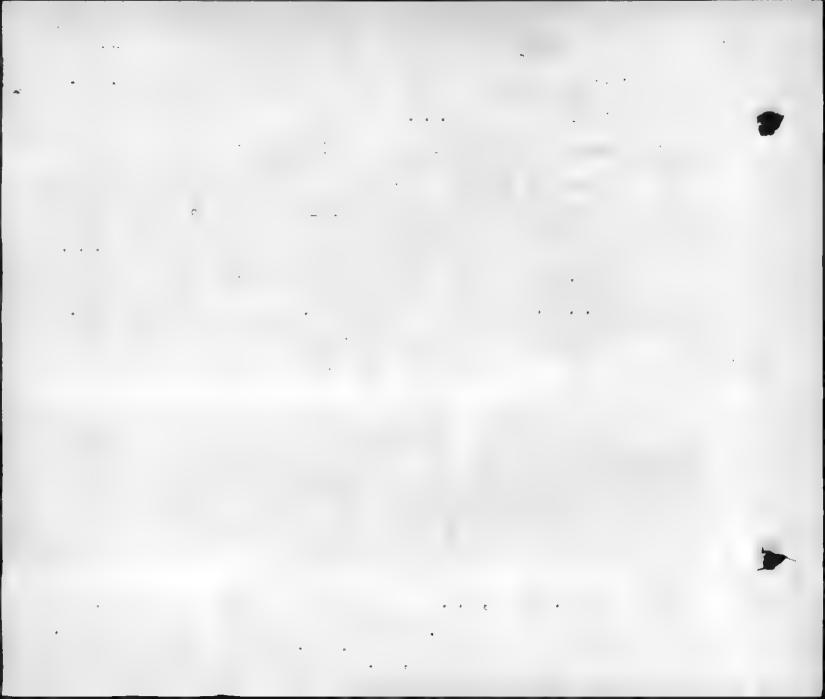
an ecessory, please of for Files, Bol Health,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11

MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH	0104
110			Reg. Dist. No.

1.	PLACE OF DEATH		2 USUAL RESIDENCE (V	Where deceased lived If institution	n Residence before admission)
	o. COUNTY	MARYLAND	STATE Mary	- 1 (0)	Pr. Geo.
1	b. CITY OR TOWN (If outs de corporate limits, wi to EUSAL	c. LENGTH OF STAY IN 16		outside corporate limits, write RU	Particulated in the Us
	and give nearest town)	200		wood	
-	Cheverly d NAME OF HOSP TALL OR INSTITUTION (If not in	haspital, give street address)	d STREET ADDRESS	DWOOCL	Te IS RESIDENCE
	*		1 /	edarcroft Place	ON A FARMS
3	Prince Georges General	Middle		* 46	, ,
3.	DECEASED		Lost	4. DATE Month OF DEATH January	27 19 59
6	TOYCE VE	ackson Payn		0 5	
3.		RRIED A NEVER MARRIED 8	DATE OF BIRTH	for the state of t	UNDER TYEAR IF UNDER 24 HRS
_	110.10	WED D. VORCED	6-13-15	112. yrs.	
10	 USUAL OCCUPATION (Give kind of work done to during most of working life, even if retired) 	6 KIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
L	Salesman	Automobile	Maryland		U.S.A.
13	, FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	•
	Wilbur L. Payne		Rosie S	Sauers	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
1	Yes W.W.# 2.	Ro	ssie W. Pa	ayne; address sa	me as # 2.
	18 CAUSE OF DEATH Enter only one cause per	ne for (a), (b), and (c)			INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY.	Coronary occl	usion		ONSET AND DEATH
	1420. / DUE TO				t server of server
	Carlo and the Allah	Coronary thro	whosis		
	gove rise to immediate couse	Out officer, of the	W100070		The second secon
	(o), stating the underlying DUE TO				
2	PART H. OTHER SIGNIFICANT CONDITION	S CONTERUTING TO DEATH RES NO	OT PELATED TO THE TERM	INALDISEASE CONDITION CIVEN	IN PART WALLS ALTOPEY
CERTIFICATION	TANT II. OTHER STOTAL CONTROL	CONTINUED IN TO DENTITE OF THE	OT RECAILD TO THE TERM	MAR DISEASE COMBINON ONES	PERFORMED?
	DATE EALED CALLE MAR DO DO DECE	COURT HOLD IN THIS ACCUSAGE AS-			YES NO
EPTE	20a. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH.	CRIBE HOW INJURY OCCURRED (En	ter nature of injury in For	for Parl Hof Hem (2)	
					- Anna
OICAL DICAL		Od INJURY OCCURRED 200 PLAC While Not while factor	E OF INJURY (Hame, form ry, street, office bldg., etc.	1. (20f. (City or fewn)	(County) (State)
MED	p. m. 19 a	t work at work			
	21. I certify that I took charge of th	ne remains described obov	e, held on Autops	y 📉 Inspection 💢,	Inquiry Di, and in my
	opinion death resulted from Nature	al causes 🔼 . Accident [, Suicide ,	Hamicide 🔲, Undeterm	ined manner
1	01.24	11			
	SIGNATURE SOMM THERE	inner	M.D. CHIEF MEDICAL EX	(AMINER []	DATE SIGNED
	//	1	ASSISTANT MEDIC	AL EXAMINER []	
	NAME (Type) John T. Malone	y. Mad.	DEPUTY MEDICAL	EXAMINER I Janua	ry 27, 1959
72	DE BURIAL CREMATION, 276 DATE THEREOF	22c NAME OF CEMETERY OR C	CREMATORY	22d LOCATION (City, lown, or c	
	Burial Specify 1/30/59	Ft. Lincol		Colmar Manor	Md.
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRES4739 Bal	to. AVIQ. REC	D BY REGISTRAR 246 REGISTR	AR S SIGNATURE
1		lyattsville, Md.			1 S. Kraus
			DATE	(Ve	1 22. / 02000

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certifixate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be for deat to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained by TO FUNERAL DIFFELOR: Page 3 should be used as a bivial-fronsit minmair. File pages 1 and 2 with the State Boar is designated agent, prior to burial, cremation, or remaval, and in any great within 72 hours after death. VS ATSME 5M 2 57



MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STEATE Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If instituted in Residence before admission) a. COUNTY MARYLAND c. LENGTH OF STAY IN 15 STREET ADDRESS 3. NAME OF Month DECEASED DEATH (Type or print) 7. MARRIED NEVER MARRIED 7 8. DATE OF BIRTH IF JINDER TYEAR 5. SEX 6. COLOR OR RACE WIDOWED [] DIVORCED 100 USUAL OCCUPATION !Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 442X **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stoting the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200 EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 11 of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or fown) Month, Day, Year (County) factory, street, affice bldg., etc.) While Not while D. M. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... opinion deotheresulted from: Natural causes [V]. Accident [], Suicide |]. Homicide (Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] EXAMINERA DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL CREMATION, 226 NAME OF COMETERY OR CREMATORY 77d LOCATION (City, Igwn, or county) 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

ON A FARM? YES NO IN

Doys

Hours

PERFORMED? YES 🔲 NO 📳

(Stole)

and in my

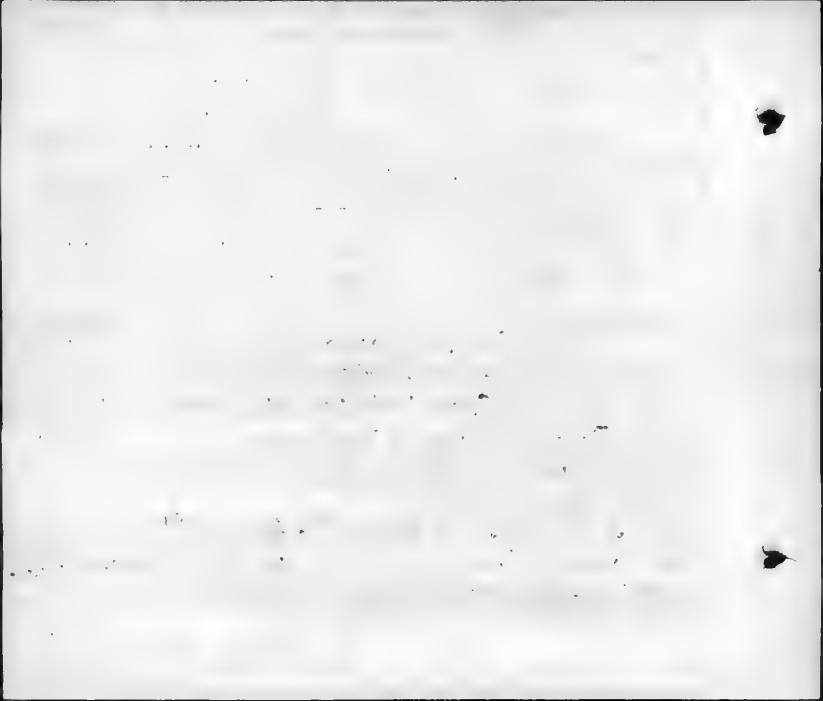
DATE SIGNED

(State)

VS ATSME



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



or. Poge r files.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0	1	()	4	6	}
\vee	nather.	\/			

LUGI.			Reg. Dist. No.
1 FLACE OF DEATH	2 USUAL RESIDENCE (Where of	eceased lived If institut	on Residence before admission)
o. COUNTY Prince Georges MARYLAND	o. STATE Marylan	ad b. COUNTY	Ann Arundel
b. CITY OR TOWN (It outside corpora a limits write 4URAL and give negrest found	c CITY OR TOWN (If outsid	corporate limits, write R	URAL and give nearest fown)
Cheverly D.O.A.	Laurel		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS		Te IS PES DENE
Prince Georges General Hospital	Brockrid	e Road	YES NO [
3. NAME OF First Middle DECEASED	tosi 4. DA	TE Month	Day Year
(Type or print) Daniel Powell		ATH Janua	rv 6 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE In years	FUNDER TYEAR IF UNDER 24 H
Male colored WIDOWED DIVORCED	7-17-23	35 yrs	Months Days Hours Min.
100, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS			12 CITIZEN OF WHAT COUNT
during most of working life, even if retired)		rga country)	
Laborer	Maryland		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
John Powell	Estelle	Thomas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 [Yes, no, 60 unknown] f yes, give wer or delay of sorvices	INFORMANT	Address	AM AM
	Lee Powell;602 9	h St. Laur	el. Md.
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). }			I INTERVAL BETWEEN
	and shook		ONSET AND DEATH
IMMEDIATE CAUSE (0)	and shook		_
DUE TO	-173 31	. A A A	
(b)	skull and crush	a cnest	
gove rise to immediate couse ((a), stating the underlying DUE TO			
cause lost,			
16	THE R. P. LEWIS CO., LANSING, MICH.		
	NOT RELATED TO THE TERMINALD	SEASE CONDITION GIVE	
	NOT RELATED TO THE TERMINALD	SEASE CONDITION GIVE	PERFORMED?
			PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part 1 or P	ort II of item 18)	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING [] CAUSE OF DEATH. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING [] CAUSE OF DEATH.	Enter noture of injury in Port for P	ort It of item 18)	res No.5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING [] CAUSE OF DEATH. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING [] CAUSE OF DEATH.	Enter noture of injury in Port for P	ort It of item 18)	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING [] CAUSE OF DEATH. 200. TIME OF INJURY Month, Doy, Year 200. Nijury Occurred 200. P.	(Enter nature of injury in Part I or P comobile in coll- ACE OF INJURY (Home, farm, lary, street, office bldg., etc.)	ort it of item 18) Sion with a (City or town)	res No.5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY 1.5 or CONTRIBUTING [] 200. TIME OF INJURY Annih, Doy, Year 200. TIME OF INJURY Annih, Doy, Year 200. TIME OF INJURY Annih, Doy, Year 200. Not white	(Enter nature of injury in Part I or P comobile in coll- ACE OF INJURY (Home, farm, 201 clary, street, office bldg., etc.)	sion with a (City or town)	restonated? YES NOS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 200 DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 200 PL Hour Cause Of Death. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 200 PL Hour Cause Of Death. 21. 1 certify that I tack charge of the remains described above	(Enter noture of injury in Port I or Pomobile in collaboration of INJURY (Home, form, 201 dary, street, office bldg., etc.) Highway ave, held an Autopsy	sion with a (City or town) Sacontown Inspection 12.	school bus. (County) (State Ann Arundel Md. Inquiry X), and in m
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY 1.0 or CONTRIBUTING 200 DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH. 200. TIME OF INJURY Month, Doy, Year Hour Hour P	(Enter noture of injury in Port I or Pomobile in collaboration of INJURY (Home, form, 201 dary, street, office bldg., etc.) Highway ave, held an Autopsy	sion with a (City or town) Sacontown Inspection 12.	school bus (Slule (County) Ann Arundel Md
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 200 DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH. 200. TIME OF INJURY Month, Doy, Year Hour 1-6-59 19 20d, INJURY OCCURRED of work 200 PL While of work 01 work 01 work 01 work 02 pm. 21. 1 certify that I taok charge of the remains described about opinion death resulted fram: Natural causes Accident	Comobile in colling of Injury in Part I or Par	Sion with a (City or town) Bacontown Inspection D, cide, Undeter	school bus. (County) (State Ann Arundel Md. Inquiry X), and in m
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO OPERATOR OF AN AUT 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PL Hour Pm. 1-6-59 19 Of work of work 10 work 10 work 10 perator of an aut 21. 1 certify that I tack charge af the remains described abopinion death resulted fram: Natural causes 1, Accident	(Enter noture of injury in Part I or	Sion with a (City or town) Bacontown Inspection (City or town) Undetermined (City or town)	school bus. (County) Ann Arundel Md. Inquiry X, and in mined manner
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 200 DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to work of w	(Enter noture of injury in Port I or	Sion with a (City or town) Sacontown Inspection (City or town) Inspection (City or town)	school bus (County) (State Ann Arundel Md. Inquiry (S), and the manner DATE SIGNED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 EXTERNAL CAUSE WAS PRIMARY S or CONTRIBUTING D 200 EXTERNAL CAUSE WAS PRIMARY S or CONTRIBUTING D 200 EXTERNAL CAUSE WAS PRIMARY S OF CONTRIBUTING D 200 EXTERNAL CAUSE WAS PRIMARY S OF CONTRIBUTING D 200 EXTERNAL CAUSE WAS PRIMARY S OF CONTRIBUTING D 200 EXTERNAL CAUSE WAS PRIMARY S OF CONTRIBUTING D 200 DESCRIBE HOW INJURY OCCURRED SO PL 400 Pm. 1-6-59 PM While So Work S OF PM While S OF S OF PM W	(Enter noture of injury in Part I or	Sion with a (City or town) Sacontown Inspection (City or town) Inspection (City or town)	school bus (Slate Ann Arundel Md. Inquiry K), and to mined manner
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 200 DESCRIBE HOW INJURY OCCURRED PRIMARY A or CONTRIBUTING 200. TIME OF INJURY Month, Doy, Year 1.00. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 200 PL While Not while of work of w	(Enter noture of injury in Port I or	Sion with a (City or town) Sacontown Inspection (City or town) Inspection (City or town)	school bus (Slute County) Ann Arundel Md Inquiry M, and the mined manner DATE SIGNED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 200 DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year Hour 1-6-59 19 20d. INJURY OCCURRED 20e PL While Not work 20 et	(Enter noture of injury in Port I or	sion with a (City or town) Sacontown Inspection of, Cide, Undeter	school bus (Slute County) Ann Arundel Md Inquiry M, and the mined manner DATE SIGNED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is nec execute the certificate, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral did a should be for death of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIFFECTOR: Page 3 should be used as a burial-transit permit. File page-1 and 2 with the State Book its designated agent, prior to burial, cremation, or removal, and in any event/fifthin 72 bours after death YS ATSME BM 2/57

1

R.Selby, 1200 Snowden Place, Laurel, Md



Reg. Dist. No.

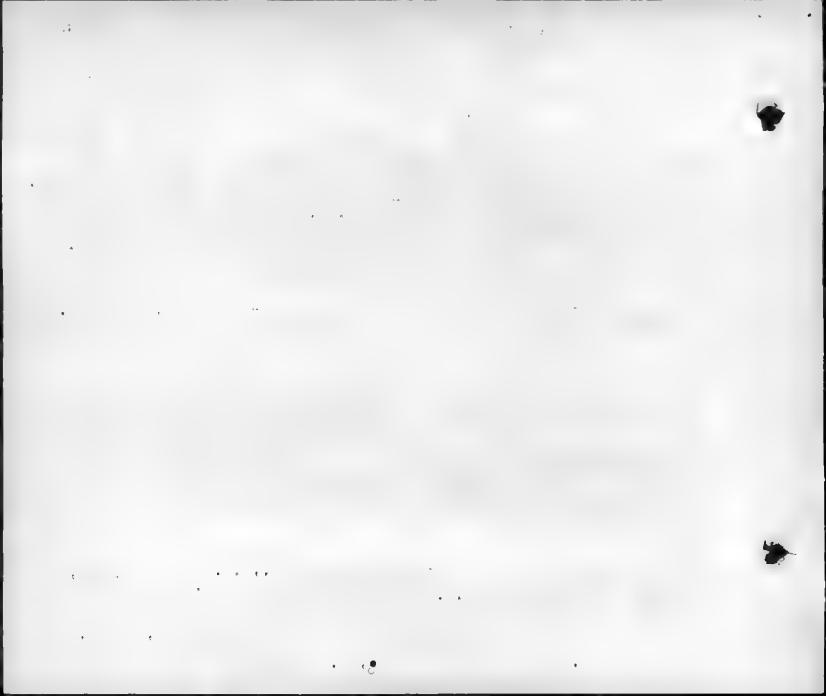
023	CERTIFICATE	OF DEATI

01048

										Hogi bisi	110,	
	1. PLACE OF DEATH D COUNTY Pri	nee Geor	ges	MAR	YLAND	a. STATE	SIDENCE (WI		lived. If instituti b COUNTY	on: Residence	before ad	muman)
	b. CITY OR TOWN (IF	outside carporate limi	ls, write	c. LENGTH OF STAT	/ IN 16	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)						
	RURAL and give he Riverdal			Life	Ì	25	River	dale				
		AL (If not in hospital, g	ive street	Annual Contract of the Contrac			ADDRESS 57th	Avenu	е		0	RESIDENCE N A FARM?
	3. NAME OF DECEASED	Fir	sf	Middle	e	ı	os?	4. DATE	Man	**	Day	Yeor
	(Type or print)		llie			Pumph	rey	OF DEATH	_	nuary	/	1959.
	5. SEX	6 COLOR OR RACE	7 MAR	RIED NEVER MARR	IED 🔼 I	DATE OF BIE	тн	9	. AGE (In years last birthday)			NDER 24 HRS
	Female	White	WIDOW	ED DIVORC	ED 🔲 🖁	ept.3	0,189	3	65 yrs.	Manths D	ays Ha	urs Min.
	100 USUAL OCCUPATIO	N (Give kind of work	done 10b	KIND OF BUSINESS					intry)	12 CITIZ	EN OF WI	HAT COUNTRY?
	School Ic	scher	ľΡι	ablic Sch	10015	3 3.0	an lyr	d		TT	S. A	
	13. FATHER'S NAME					14 MOTHER						
	Columbus	Pumphrev				Ch	arlot	te Co	ndie			
	15 WAS DECEASED EVER	- 4	CES? 16	SOCIAL SECURITY NO	D. 17 III	FORMANT			01 57 t i	ess ifo.	222.0	
1	IVes no or unknown;	If yes, give wor or dates of s	ervice)		L€	Roy P	umphr	ey-Ri	verdale	AVOI	ylar	nd.
				ne far (a), (b), and (c	11 / .	7	1				INTERVAL	L BETWEEN NO DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a	12	refor an	der	f - 10	relev	20			4/8	COUL
	XUX	DUE TO		3								
J	Conditions, if an	y, which) In	18/	elmon	ar	- E	den	un			2-	mrs.
	gove rise to in couse (a), stating t					1						
	lying cause last.	ne under-	1-1-	Musica	, fr.	uln	car	2			44	o Ic year
	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED	TO THE TERM	MAL DISEASE	CONDITION GIV	EN IN PART I		
	PART II. OTH						,					REORMED?
	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (CCURRED). (Enter nature	af injury in	Part I ar Part I	It of Hem 18.)			
		Manth, Day, Yes	r 20d I	NJURY OCCURRED	20e. PLA	CE OF INJURY	(Home, form	20f. ICity o	or town)	(Co	unly)	(State)
i	Y 20c. TIME OF INJURY Haur a. m.	19	While	Not while	fect	tary, street, off	ice bldg., etc			(•,,	(5.5.5)
		at Lattended the			4	10 <	~./.	1/21		2		
	1/-	or rational the	deceus	/		19.5		-/	, 1957	Lihat I la	st saw I	he deceased
	alive on 1/2	13-7	, 17_	and tha	death	occurred o	19.	M, tram	the causes o	nd on the	date st	
1	ACTUAL	litrer	1 1	Stot	Cy.	3774	C TC C	T ST 1	er, city ar lawn,	•		DATE SIGNED
-	SIGNATURE	XIC.		100	7	A.D		Va zaigi	AR.	J	m.21	1.59":
	PHYSICIAN'S NAME (Type)	ohn D. F	oley	7, 12.0D.	<u> </u>	P 5.	HLT.	on, J	. U.			
	220 BURIAL CREMATION	, 225 DATE THEREC	F	22c NAME OF CEN	VETERY, OR	CREMATORY		22d LOCATIO	ON (City, town, i	r county)	(1	State)
	REMOVAL (Specify)	1/24/59		Zxxxxxx	# A F	e terv		Fore	estvill	.0,	I'd.	
	23 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS U	por		24a. REC'	D BY REGISTR	7	TRAR'S SIGN		
	Rite' te E	ros.Fune	ral	liome-II: r		· Rid.	DATEFE	B 3 '59	20	huy 8 %	enera	

erol director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the ottending physician and completely filled in by the page 3 shamld believe. Ched for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 stath registral prior to burial, cremation, or remayal, and in may emant within 72 haurs offer death. VS A15 (4) 1SM 10/57



	1024
COUNTY INCO	George

CERTIFICATE (OF DEATH
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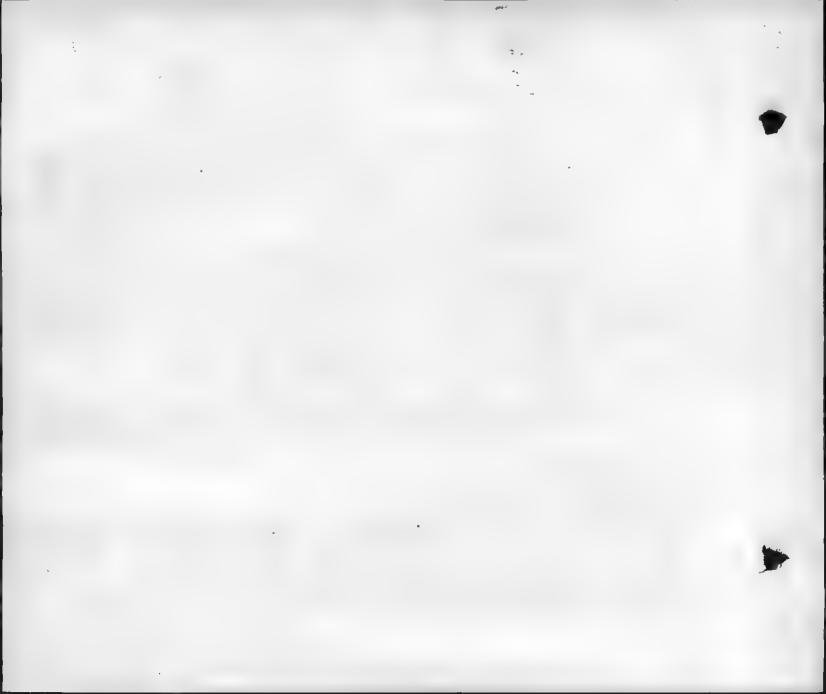
01049 Rea. Dist. No.

2072				The grant and the
PLACE OF DEATH . COUNTRINCE George	MARYLAND	2. USUAL RESIDENCE (Who o STATE	ere deceased lived If institute b. COUNTY	Prince Survey
	2 mo. 2 Days	c. CITY OR TOWN IF o	utside corporote limits, write f	RURAL and give nearest town
d. NAME OF HOSPITAL (If not in haspitol, give street ad OR INSTITUTE George General	Hospital	3878 - 34	- Low Men	e. IS RESIDEN ON A FAR
3 NAME OF DECEASED (Type or print) Maggie First	Middle S,	Rankin'	4. DATE Jan. 5 Mor	nth Day Yer
5. SEX Temale 6 COLOR OR RACE 7 MARRIER WIDOWED		3/10/70	9 AGE (In years birthdoy) yrs.	Months Days Hours N
10a. USUAL OCCUPAT ON (Give kind of wark done 10b. Kill during most of working life, even if retired)	NO OF BUSINESS OR INDU	Penna	7	12 CITIZEN OF WHAT COL
13. FATHER'S NAME Y		14. MOTHER'S MAIDEN N	AME	a tol
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SO [You no. or unknown] (if yes, give wor or dates of service)	/ /.	INFORMANT . Lan Be	2938-	3 1/ E 1 11/11/4
18 CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise 10 immediate couse (o), stoling the under- lying couse lost. (c)	Er tino	o prum Eclino	tu Ht	INTERVAL BETWEE ONSET AND DEA 4 (1 a)
PART II. OTHER SIGNIFICANT CONDITIONS COL		O. (Enter nature of injury in F		YEN IN PART I(o) 19 WAS AUTO PERFORMEI YES NO
	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg, etc.	20f. (City or town)	(County) (S
21. I certify that I attended the deceased alive an Jern 5	fram Nov 3			and an the date stated a state) DATE S
PHYSICIAN'S NAME (Type) 200 BURIAL, CREMATION, REMOVAL (Specify) -8-5-9 23. FUNERAL DIRECTOR'S SIGNATURE	16 TOO K. M. 22c NAME OF CEMETERY O	T TREMATORY	22d LOCATION (City, fown,	or county) (Stote)
(1) 11) CQ 2 - Q 2 14 () 5	801 Olivela	DATENDE	I a IEO	The state of the s

uneral director, ■age 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the disth certificate be executed within 24 haurs after almith The hospital or otherding physician.

18: After this certificate has been signed by the ottending physician and completely filled in by ached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to burial, cremotian, ar removal, and in any event within 72 hours after death. TO FUNERAL DIR page 3 shauld if

VS A15 (4) 15M 10/57





- 1		,	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18		
		X		1025 CERTIFICATE OF DEATH Reg. Dist. No. 7		
Page director			1,	PLACE OF DEATH o COUNTY Prince George MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution Residence before did sion) TATE MARYLAND DIATE OFFICE OF DEATH OFFICE OFFI OFFICE OF DEATH OFFICE OF DEATH OFFICE OF DEATH OFFI		
uneral of the f	3/			b CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY/OR TOWN/If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town? 1 Day Length OF STAY IN 1b c. CITY/OR TOWN/If outside corporate limits, write RURAL and give nearest town)		
by d 2		71		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Prince Georges General Hospital 2209 Jamison Street ON A FARM? YES NO		
n 24 hor Filted in	3			NAME OF DECEASED (Type or print) Name OF Death Jan. 7 North Day Yeor DEATH Jan. 7		
pletely Poor	5			Male White WIDOWED DIVORCED May 3, 1887 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED May 3, 1887 9 AGE (In yours lift UNDER 1 YEAR 1F UNDER 24 HRS lost birthdoy) 71 yrs Noniths Doys Hours Min		
e execute	death.		L	USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) LECTRICIAN, RET. WASH, NAVY YARD WASHINGTON, D.C. 12 CITIZEN OF WHAT COUNTRY? U.S. A.		
rtificate be physician c		1)		FRANK RICHARDSON MARY CARROLL		
death certifi lending phy please remo	72 ho		15	WAS DECEASEDEVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address NONE NARIAN MILLER, SAME AS ABOVE		
he deat e attend en alen	nt within			1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 12 CLOS COLD SUB-CONSET AND DEATH		
s that t d by the	any ever			Conditions, if any, which (b) Auguster sine arterio seleval. If descar		
require ion. in signe	ond in		7	couse (o), stoting the <u>under.</u> Jying couse lost. C (c)		
The faw physic has bee	maval,	1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO []		
tending recate	, or re		L CERTIF	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port t or Port III of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHYSIC ral or at this cert	remotiar					MEDICA
NDING e hospil t: After	vriol, c			21. I certify that Lattended the deceased fram Jan 7, 19 59, to Jan 7, 19 59, that I last sow the deceased alive an Jan 7, 1959, and that death occurred at 730P, M, from the causes and on the date stated above.		
A ATTE	ar to b	,		ADDRESS (Street, city or town, stote) DATE SIGNED M.D. 6121 centeral Ave.		
retoine RAL DIR	stror pr			PHYSICIAN'S Dr Peter Duus Capitel Heights, Md.		
May be reto D FUNERAL	the regi		220	BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C. 17, town, or county), (Stote) SWEMOVAL (Specify) /-/0-1959 Locator Hill Commeters Duitland, Maryland		
VS A15 (15M 10/			23	FUNERAL DIRECTOR'S SIGNATURE Palley & Funeral Hand Mark Mat. Rainier, May 240. REGISTRAR 240 REGISTRAR'S SIGNATURE DATE JAN 1 2'59 Outling S. Krauk		



VS A15 (4) 15M 9/55 101

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

970 CERTIFICATE OF DEATH

O O O O O O O O O O O O O O O O O O O		Reg. Dist. No.
1. PLACE OF DEATH D. COUNTY THINK R. C. CON, C.S. MARYLAND	Mary and	d. If institution Residence before admission) b. COUNTY F WCC C C C
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest form)	C. CITY OF TOWN (If outside corporate I	imits, write RURAL and give nearest town)
d/NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 7417 84th Rlace	7417 876 .1/aci	e IS RESIDENCE ON A FARM? YES NO R
3 NAME OF DECEASED (Type or print) Thomas S All W S	cehelle 4. DATE OF DEATH	Month Day Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Sec. 2, 1874 10	GE (In years IF UNDER I YEAR IF UNDER 24 HRS thirthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of the control of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country North Carclin	12 CITIZEN OF WHAT COUNTRY
Ferdall Buchelle	FRANCES Chils	tien
Yes, no. or unknown) If yes, give wor or dotes of service)	NFORMANT Bochelle 4	417 - 64th 1 Jaco Hyath. 16)
DUE TO	monia norrha, r	INTERVAL BETWEEN ONSET AND DEATH -/X / DULL S
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CAUSE OF DEATH OF LITTLE FITHER, NOTIFY MEDICAL EXAMINER)	D. (Enler noture of injury in Port I or Port II of	item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. Hour a. n. 19 While Not while at work of work	ACE OF INJURY (Home, farm, 20f. (City or to croy, street, office bldg., etc.)	wn) (County) (State)
21. I certify that I attended the deceased from 1957 alive on 19 300 , 1959 , and that death signature from 2, 2, 1, te tours	accurred at 2 A M, from the ADDRESS (Street, M.D. 7315 Landover	-, 1954, that I last saw the deceased causes and on the date stated above city or lown, stole) DATE SIGNET (1) Hy 2H 1 Hy 2H 21 Hy 2H 31 Hy 2H 31
PHYSICIAN'S Thomas M Hutchins	Hyattsville M	d. ///43
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CAMPAIN PROPERTY OF CEMETERY OF CEM	North	(City, town, or county) (Stole) Carolina
n. Funeral director's signature Address Addres	land. 240. REC'D BY REGISTRAR DATE	24b. REGISTRAR'S SIGNATURE



DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the word "pending" is pencif in item, 18. Give Pages 1, 2, and 3 to the functal 4 should be for yield to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 3 FUNERAL Dynamic Took Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremation, or remaral, and in any event within 2 hours after death 4 should be for

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2	-	~
5	€J	-

TO DEP VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 *MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1040			Reg. Dis	t. No.			
	1 PLACE OF DEATH	30	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)					
g i	o. COUNTY Prince Georges	MARYLAND	o. STATE Maryland	b. COUNTY Pr.	Geo.			
	b CITY OR TOWN (if aut) do corporate him is, write RURKE C. LENGTH O	F STAY IN 1b	c. CITY OR TOWN (If outside corpore	ote I mits, write RURAL and	give nearest fown)			
		0.4.	X Chillum Heis	hts				
	d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give stree		d, STREET ADDRESS		e IS RE ILEN F			
	Leland Memorial Hospital		1513 Madison S	treet	YES NO			
	3. NAME OF First M	iddle	Last 4 DATE OF	Month	Day Year			
	(Type or print) William Emmett	Rosen		January 1,	19 59			
	5. SEX 6 COLOR OR RACE 7. MARRIED TO NEVER	MARRIED 8	DATE OF BIRTH 9	to a	YEAR IF UNDER 24 HES			
	Male white WIDOWED DIV	ORCED 🔲	7-7-30	28 yrs Manths D	ays Hours Min.			
	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF 8USIN during most of working life, even if retired)	ESS OR INDUSTR	RY 11 8 RTHPLACE (Stole or fareign coun	iry) 12 CITIZ	EN OF WHAT COUNTRY			
1	Meat cutter Food To	wn, Inc.	Pennsylvania		U.S.A.			
J	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Α,	-			
	Albert Rosenberg		Margaret Emme	ett				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR. (You not or unknown) (11 yes, give wor or dates of service)		(PORMANT	6 E. Taylor	Run Parkway			
	No L36-22-87	28	Albert Rosenberg;	Alexandria.				
	18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and	(c)]			INTERVAL BETWEE 4			
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Hem	orrhage	and shock					
	982X DUE TO			Producellar confliction and				
	Conditions, if eny, which) (b) Stab wound of abdomen and chest							
i	gave rise to immediate cause	D WOULL	And the state of t	- N	v.			
	(a), stoling the underlying course lost.							
		O DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART	I/oTTP. WAS AUTOPSY			
5	0				PERFORMED?			
	F 20g. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY	OCCURRED (F.	nter nature of injury in Port 1 or Port 11 of i	dow 10)	TIESTS NOT			
	LET LERIMARY DE OF CONTRIBUTING L		est caused by anothe					
			E OF INJURY (Home, form, 1207, (City or		ity) (State)			
	While Not whi	le factor	ery, street, office bidg., etc.)	(000)	(5.6.4)			
				lum Heights,				
	21. I certify that I taok charge of the remains des	cribed abov	ve, held an Autopsy 🔽, Insp	ection X . Inquiry	ond in my			
	opinion death resulted from: Natural causes	Accident], Suicide [], Homicide []	4. Undetermined m	onner 🔲			
	1 200 1				DATE SIGNED			
	SIGNATURE JOHN - Maloney		M.D. CHIEF MEDICAL EXAMINER		DATE STORED			
	EXAMINERS		ASSISTANT MEDICAL EXAMINER]				
	NAME (Type) John T. Maloney, M.D.		DEPUTY MEDICAL EXAMINER	Jan.	1. 1959			
	220. BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF	CEMETERY OF	CREMATORY 27d LOCATION	N (City, lown, or county)	(State)			
	Burial 2-4-59 King Do	avid Mem	orial Garden Falls	Church	va.			
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		240 REC'D BY REGISTRA	246 REGISTRAR'S SIGN	NATURE			
	B. Danzansky & Sons-3501 14th St.	N.W.	DAMEN 6 '59	c : 1 8. th	all A			
			 					



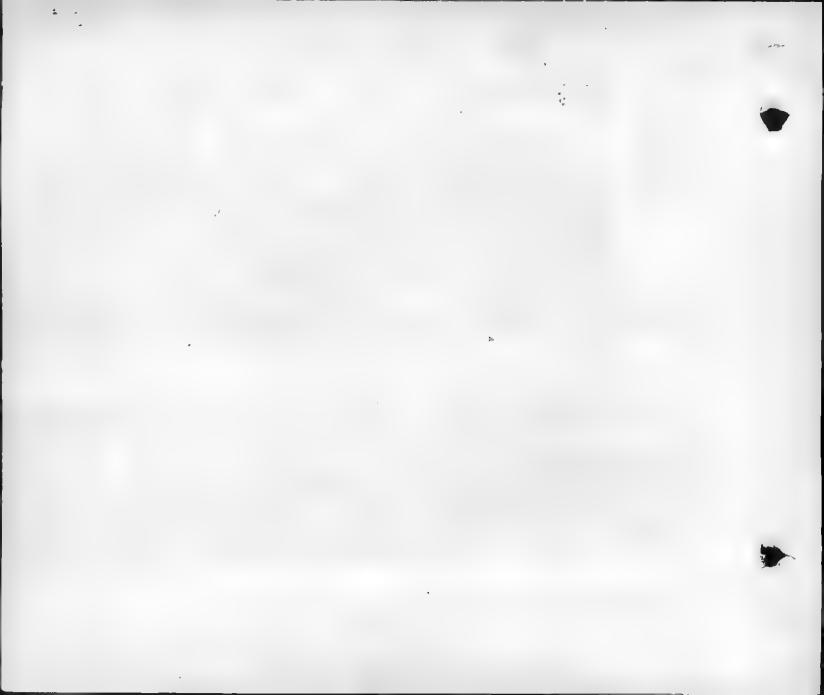
1 1/4	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01053
FOR STATE HEALTH DEPT.	Reg. Dist No.
no :	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY o. STATE DOO o. STATE DOO
Page 1	mariano la georgio
H H	b. CITY OR TOWN (If outlide corporate limits, write RURAL of give nearest town)
ot of other	Mount Pourses 11-40 Mount Parmer
9000	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital eye street address) d. STREET ADDRESS ON A FARM.
eroll sed	4308 - I masell Wr. 14308 I masell the VES NO
Fundant Story	3. NAME OF DECEASED First Middle Lost 4. DATE Month Doy Year
the die	(Type of print) Thilip Joseph Tryan DEATH Jan - 4 1959
to to to and to	5. SEX 6. COLOR OR RACE A MARGED NEVER MARRIED 8 DATE OF BIRTH (9) AGE in yours IF UNDER 1YEAR IF UNDER 24 Int. Months Days Hours Min.
1.0 € 8 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	While WIDOWED DIVORCED 1 10-13 1 1 1 6/ yrs.
feat and 72 k	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTS 13. CITIZEN OF WHAT COUNTS
Fig. 2	Vetvid 4.5. Government Worth DE U.S.G.
M. Wasa	13. FASHER'S MAME
LAD B	Thelep Joseph I your Fillian May Autton
75 din 5	15. WAS DECEASED EVER IN U SARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [190e. no. of unharden] [If yes, grad wor are dates of services]
Hit.	Jomes G. Gulli; Hyattorille, Ing.
Min	18 CAUSE OF DEATH [Enter only one course per I ne for (o), (b), and (c).]
Tred alo	PART I. DEATH WAS CAUSED BY. GENTLE CON CISHVE heart Scaline
Tin Tin Oval	1.4 KX DUE TO DI
a de	gave rise to immediate course
to the to	(o), stating the underlying DUE TO
an and an	couse fost. (c)
d Exa	PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
erico cal use use	YES TO NO S
d be	200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Part II of Item 18)
work work audd	
Chick to the state of the state	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hotels, farm. 20f. (City or lown) (County) (Slote foctory, street, office bldg., etc.)
De la	
Parity Parity	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in a
X 0 7 5 5	opinion death resulted fram: Natural causes 📝, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner 🔲
\$ 2 E	DATE SIGNED
ote ote	SIGNATURE M.D. THE SIGNED M.D. CHIEF MEDICAL EXAMINER []
A Part	EXAMINER S ASSISTANT MEDICAL EXAMINER 1 41 450
F P B W B	NAME (Type) TOTN - //ALONEY, M.D. DEPUTY MEDICAL EXAMINER D
25 Sec. 1.	220 BURIAL CREMATION. 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 27d JOCATION (City, lown, or county)
0 ° 0 °	Burial Jan: 1/54 mt. alwel Mashington D.C.
Vs A15ME	23 FUNERAL D RECTOR'S STGNATURE ADDRESS PARCIS STGNATURE ADDRESS PAR
5M 2157	Maleys Timeral Home md. DATE
	Ina.



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ofter

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01055

971	CERTIFICATE	OF DEATH
-----	-------------	----------

Reg. Dist. No.

1. PLACE o COU	of DEATH UNITY Prince George's	3 MARYLAND	2 USUAL RESIDENCE (W		If institution Residence COUNTYPrince		
RUR	OR TOWN (If outside corporate limits, w AL and give nearest town) Vattsville Md	2 Months	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville				
d NAA	WE OF HOSPITAL (If not in haspital, give s INSTITUTION 4400 Madisol	treet address)	d. STREET ADDRESS	ladison S	St.	e IS RESIDENCE ON A FARM? YES NO THE	
3. NAME		Middle	Lost	4. DATE	Month	Doy Year	
OECEA (Type o	SED Sarah	Elsie Sander	`s	OF DEATH	Jan 21,	19 59-	
f e			May 22, 188		birthday) Months	TYEAR IF UNDER 24 HRS. Doys Hours Min.	
100 USUA	AL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State	or foreign country)	12 CITI	ZEN OF WHAT COUNTRY?	
Durin	g most of working life, even if retired) Housewife	own home	Popparis	ania	111	S A	
13. FATHE		own home	Pennsylv		1 0	D A	
	Robert Boles	3	Mary	Jane Iam	S .		
	DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	VFORMANT		Address		
(Yes, no or	(If yes, give war or dates of service)	168 09 6818 B	Willa Cotte	rman	Same as #	2	
E G D A	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)	Involumen &	Cesvix -	Metas-	lasis to	ONSET AND DEATH	
CERTIFICATION SO SO CITE ELL	PART II OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO	
SERTION OR CO	ACCIDENT WAS UNDERLYING [] 206 ONTRIBUTING [] CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Port I or Port II of i	item 1B.)		
	Hour o.m.	Od. INJURY OCCURRED While Not while fact twork at work	ACE OF INJURY (Home, formations), street, office bldg., etc.	n, 20F. (City or tov	vn) (C	ounty) (Stole)	
alive	certify that I attended the december on Joseph Co. Cold	ADDRESS (Street, ci	causes and an th	ast saw the deceased the date stated above. DATE SIGNED 1/22/59			
NAM	CIAN'S ICONALD S	FLEISCHER	144	9 1/221	a	' / /	
220. BURIA	AL, CREMATION, 226. DATE THEREOF Ortation 1/23/59	Follansbe			City, town, or county) Virginia	(State)	
	PAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	246_REGISTRAR'S SIG	MATURE	
F	. Gasch's Sons	lyattsville, Md.			1 2.	a Sample	
			- OFC				



VS A1S (4) 15M 10/S7

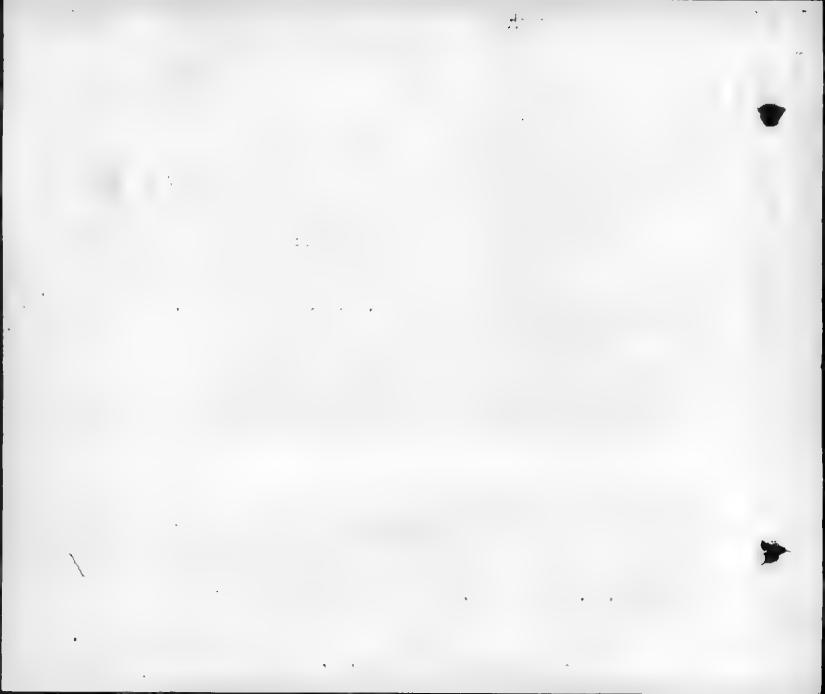
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opers.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1065 CERTIFICATE OF DEATH

01058

Reg. Dist. No.

1	PLACE OF DEATH COUNTY	PA.	Geo	MARY	11 0	STATE	E (Where deceased	lived. If institut b. COUNTY		before admission)
	DURAL ON TOWN OF INSTITUTION	Misk I	naklad	Life address)	×	d. STREET ADDRE	MIII outside corpo	ote limits, write I	Mar	e nearest town) Chevy he di I s RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	MAR.	First	Middle Beale	5	Last LSSCER TE OF BIRTH	4. DATE OF DEATH	3/1	IF UNDER 1 Y	Par IF Judger 24 PRS
	F	h	WIDOW		00 2	8Aby	79	9. AGE (In years last b rithdoy) yrs	Months Do	Dys Hours Min
	during most of wo	rking life even	if retired)	Fun Hon	2	MOTHER'S MAI	k Ma	<u> </u>		15A
1	Buch S WAS DECEASED EV	Anan ER IN U. S AR	Beale MED FORCES? 16	SOCIAL SECURITY NO		Ttel	n mar	garetta) Fell	1
	Ves. no or veknown) 110 18 CAUSE OF DE		or datet of service)	ne far (a), (b), ond (ç)		R. B.	Seescer	, iD.		Larlboro,
		ATH WAS CAU	ISED BY: CAUSE (o)	Agrosta	ic f	reum	Failur	,		Se Log
1	gave rise to couse (o), stating lying couse lost	immediate the <u>under-</u>	(c) (c)	Arterios CONTRIBUTING TO DE	elarot	Fe O	X Llise	E CONDITION GIV	VEN IN PART I	Unknown
1616 4717	3	AS LINDERLYIN	IG [20b. DES	CRIBE HOW INJURY O	CCURPED (Fa	les noture of inju				PERFORMED? YES NO
A C. 07	20g ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF	Y MEDICAL EXA	AMINER)	NJURY OCCURRED						
ALE PLA		K1 Monn,	19 Of wor	Not while	factory,	street, office bldg	, form, 20f (City	or lown)	(Cou	inty) (State)
	21. I certify talive an	half lattend	ded the deceas		death acc	., 1958 . to	A M. Man	n the causes		date stated above
	ACTUAL SIGNATURE PHYSICIAN'S D	VITE	tam	V	M.D.	11	Jan V	nascor	NO MI	I & yers
2	NAME (Type)		lasscer,			- P P P'			lenyla	1.0
2	20. BURIAL, CREMATION REMOVAL (Specify PUPICITY		59	22c. NAME OF CEMI	etery or cre Como:		Unn	NON (City, town,	ar county)	(State)
7.	Ritchie		Funeral	ADDRESS U	per	240.	REC'D BY REGIST	RAR 246 REGI	ISTRAR'S SIGN.	1 -



the registrar within 72 hours after death-After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the altending physician and completely filled death certificate assembly should be detached for use as a buriel transit permit.

The bottom copy

V\$ A15C 1-55 10M

certificate be execu-

1028 CERTIFICATE OF DEATH

Reg. Dist. No.......

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DI	ECEASED
county Prince George Marys	AND	STATE Marvla	nd county	Prince Coorge
CITY (If outside corporete limits, write RURAL LENGTH C	OF STAY	CITY (Il outside corp.	prate limits, write RURAL a	nd give neetest town)
OR and give neerst town) TOWN Cheverly D.O	A		Riverdale	
HOSPITAL OR		STREET	(If zural giv	ra location)
INSTITUTION OR STREET ADDRESS Prince George General		/ ADDRESS 5710	64th Ave.	
3. NAME OF (First) (Middle) DECEASED		(Lost)	4. DATE (Mon	th) (Day) (Year)
(Type or Print) Melvin , Leslie	Sh	hneider	DEATH 1	~ 16 19 59
S. SEX 6 COLOR OR 7. SINGLE, MARRIED,	8. DATE OF	BIRTH	9. AGE lest blithday	IF UNDER 1 YEAR IF UNDER 24 HRS
Male White Specify Married	Det.	*25%.1895	63 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINES		1. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
done during most of working life, even if refired) Printer retired. OR INDUSTRY	,	Maryland '	′	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1 . U . U . M
Henry M. Schneider		Anna Eich	hom	
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO.	17. INFORMANT &		East Riverdale Mo
(Yes, no, or unk.) (If Yes, give wer or dates of service)			e .	
TO ME	DICAL CERT	TEICATION	ichnemder, 5	710 6lith Ave
& DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	/ 4		ONSET AND DEATH
/ X IMMEDIATE CAUSE (A) 1/2016	Lew 42	on cheeling.	16020 20	at falling a
ANTECEDENT CAUSEIS) DUE TO		Som	- 1/2 1/2 - 1/2	4
DISEASES OR CONDITIONS, IF ANY, (B) (CL 2) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	C Line or		Jo - Life	> -
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATIO	N			20. AUTOPSY?
				YES X NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, fector OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etcl [F EITHER, NOT IFY MEDICAL EXAMINER)		c, WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCC	URRED 2	If. HOW DID INJURY OCCL	IR?	
	-	9 10 10 1-	-16 10.59	, that I last saw the deceased
22. I hereby certify that I attended the deceased from. alive on 1-15-59, 19				
signature	occurred al	ADE	外に多数(Sireet, city _e tow	n, state) DATE SIGNED
tal It Course "	M.D. 7	an March	mu	1-11-59
23. BURIAL CREMATION, DATE THEREOF NAME OF	CEMETERY OF	REMATORY	LOCATION (Chr., town	
(REMOVAL (SPECIFY)		1	Hyndman,	Pennsylvania
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE JAN 1 9 159		The S.H.		2901 14th St. NW



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



200

ARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
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CEPTIFICATE OF DEATH

M

XV

01341

	CERTIFICA	ALE OF BEATT	Reg. Dis	t. No.
1. PLACE OF DEATH			eased lived. If institution, Residence	a before admission)
a. COUNTY PRINCE G	MORGE MARYLAND	O. STATE 1STRICT	of country ful	MBIA
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest lown)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	arparate limits, write RURAL and g	ive nearest lown)
ANDREWS AF BASE		WAShINGT	ON. D.C. :	S.E.
d. NAME OF HOSPITAL (If not in hospital, give a OR INSTITUTION	street address)	d. STREET ADDRESS	11 10	e. IS RESIDENCE ON A FARM?
HSAF HOSPITAL, 1	ANDREWS	639 COND	ON TERR.	YES NO NO
3. NAME OF First DECEASED	Middle	Lost 4. DA	TE Month	Day Year
(Type or print)	IEW BOKY	BY LIVITE	9. AGE (In years IF UNDER	19 19.5 9 1 YEAR IF UNDER 24 HRS
11111 1111	The same of the sa	8 DATE OF BIRTH	last birthday) Months	Days Hours Min
160 USUAL OCCUPATION (Give kind of work done	DOWED DIVORCED DIVORCED	STRY 11. BIRTHPLACE (State or fore:	9 - yrs	ZEN OF WHAT COUNTRY?
during most of working life, even if retired)	A/A	Manul	gir county)	ele A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	NO	USH
Em. / I	SEVITION!	MACIE	M HEUL	7./
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	2 16. SOCIAL SECURITY NO. 117. I	NFORMANT	Address	y
(Yes, no or unhapsen) Ilf yes, give wor or dates of service		MothER- MAS E	MI SENTIPAL-	See #2
18. CAUSE OF DEATH [Enter only one cause	per line for (o), (b), and (c).]	n 4-		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac (irrest		nne
7593 DUE TO	10	. 7 . 0	4	20 000
Conditions, if any, which) (b)	(influence	1 trillie	,	SUMOR
gave rise to immediate cause (a), sloting the under- lying cause last.	must pice	Consenital	Inomalias	ilhes 5t mus
	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
				PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or	Part II of item 18.)	
	I a	ACE OF INJURY (Home, form, 20f. clary, street, office bldg., etc.)	(City or town) (C	ounly) (State)
∑ p. m. 19 a	While Not while 191	cross, array array area,		
21. I certify that I attended the de-	ceased from JAN 1	9 , 1959, to JAA	1 19 , 1959, that I I	ast saw the deceased
alive on 19 Janu	19.59, and that death		fram the causes and an th	
1 100	2000		\$ (Street, city or lown, state) 19	
SIGNATURE UMCON	· lungere, h.	M.D. USAF	HOSPITAL, AN	VOKEWS
PHYSICIAN'S VINCENT P. RIN	GROSE JY CAPT	USAF(AC) ANDRE	TES AFB WAS	h 25-0.6.
720 BURIAL CREMATION, 226 DATE THEREOF PRESTOWAL (Specify) 20 Jeal S	220 NAME OF CEMETERY O	REGUE DI	STRICT ST	(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY RE	GISTRAR 246 REGISTRAR'S SIG	NATURE
		DATEJAN 2 2	2 '59 Culling &	1 Tours

VS A15 (4) 15M 9/55



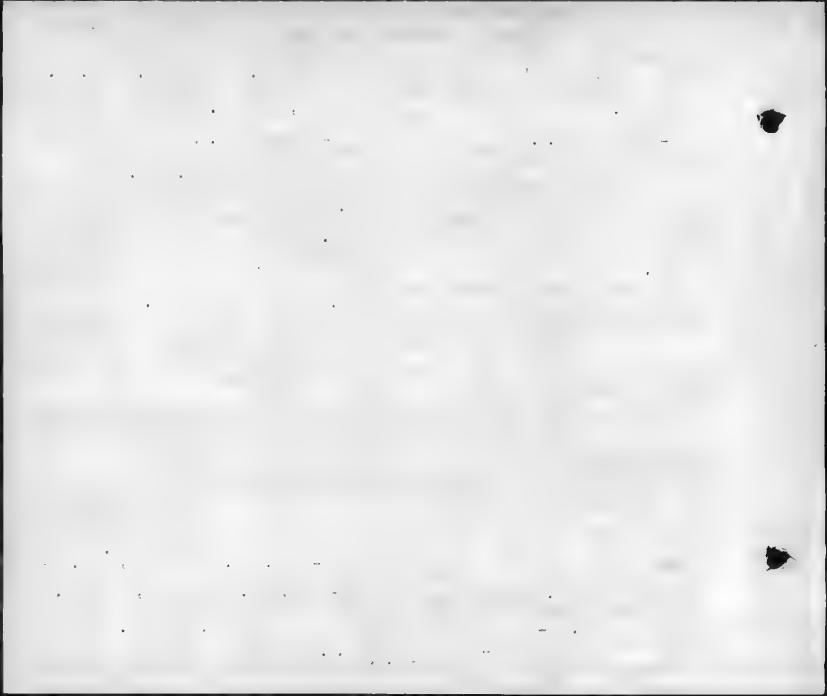
VS A 15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1062 CERTIFICATE OF DEATH

01059

7009	QERTIFICA		r R	eg, Dist. No.
1. PLACE OF DEATH o. COUNTY Prince George 1s	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived If institution: and b. County P	Residence before admission) r. Geo s. Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Suitland.	12 Years	Suitland, M	utside corporate limits, write RURA laryl and	L ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Road S.E.	oddress)	/ d. street Address 102- Swann	Road S.E.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Long.	Maud S	eymour	4. DATE Month OF Jan. 21	st. Day Year
5. SEX 6. COLOR OR RACE 7. MAR WIDOW		. DATE OF BIRTH Sept. 16th 18	last high-days Lie	UNDER 1 YEAR IF UNDER 24 HRS Ionths Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. Housewill e	. KIND OF BUSINESS OR INDUST Domestic	Pa.	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Roy S. Ourry		Jennie Hunt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dohm of service)		non M. Seymou	Address ar Same as # 2	
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) / / / Conditions, if ony, which gove rise to immediate couse (o), stating the under- fying couse last. Part II. OTHER SIGNIFICANT CONDITIONS	exerting to DEATH BUT N	Herro Herro WHEATED TO THE TERMIN	Lestage NAL DISEASE CONDITION GIVEN	2 Weeks IN PART 1(of 19, WAS AUTOPSY PERFORMED? YES NO []
OR CONTRIBUTING CAUSE OF DEATH OF EITHER, MOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in P	ort I or Part II of Item 18.)	
Hour o. n. While	En als	CE OF INJURY (Home, form, ory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decearative on 14. 12. ACTUAL SIGNATURE		occurred at 4:457		
PHYSICIAN'S William H. Cleme			Ave. Hyattsvil	
226. BURIAL, CREMATION, 226. DATE THEREOF BUTTAL Jan. 23-59	22c. NAME OF CEMETERY OR Cedar Hill Ce	metery	22d. LOCATION (City. town, or of Suitland, Mary.	land.
23, FUNERAL DIRECTOR'S SIGNATURE	Shington 20 D.C	ad S.E. 240. REC'D	BY REGISTRAR 24b. REGISTR	AR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTI	FICATE	OF	DEATH

01060

	71129	CULTITIO	AIL OI	שאמוו			Reg. Dist.	No.	
PLACE OF DEATH		MARYLAND	2 USUAL F			lived If institution b COUNTY	on Residence t	before admi	ision)
Prince Geo	rges			Maryla		P		jeorge	
b CITY OR TOWN (If outside a RURAL and give nearest law)		c LENGTH OF STAY IN 1b	c CITY C	OR TOWN (If o	utside corpor	ote limits, write Ri	URAL and give	nearest for	m)
Cheverly		23 days	Dea			- 0	1 4		V
d NAME OF HOSPITAL (IF no			d. STREI	T ADDRESS				ON	SIDENCE A FARM?
Prince Geor	ges General	L_HOSpital	11					1 153 5	- NO P
3 NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Mon	th	Day	Yeor
(Type or print)	Clinton	E.	Shaffe	7"	DEATH	Janura		18	19 59
5 SEX 6. COLO	OR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF E	HRTH		9 AGE (In years lost birthday)	FUNDER TY		
Male Whi	WIDOW	ED Sen DIVORCED	10/15/	76		82 yrs	Months Da	ys Hours	Min
10a USUAL OCCUPATION (Give I during most of working life, a	kind of work done 10b even if retired)	KIND OF BUSINESS OR IND	USTRY 11 BIRT	HPLACE (State	or foreign co	untry)	12 CITIZE	N OF WHA	T COUNTRY
Retired	N	one	Ho	ward Co	• M	i	Unit	ted_St	ates
13. FATHER'S NAME			14. MOTH	ER'S MAIDEN N	IAME				
Emanuel Shar	ffer			Louis	a Grin	nes			
IS WAS DECEASED EVER IN U.S.	ARMED FORCES? 16.	SOCIAL SECURITY NO 17.	INFORMANT			Addi	ess		
**	war or dates of service)	37	7.0		1 T	4	71	014	163
NO TIP CALLES OF DEATH IS			c. Harr	y Lerw	TD NG	ice El	licott		
18 CAUSE OF DEATH [Ente		Dat (a), (b), and (c)]						INTERVAL B ONSET AN	
	ATE CAUSE (o)	achella						12	200
1 . , X	DUE TO	7		, ,		111.	1 1		
Conditions, if ony, which	10)	and the same	1200	tato	- mu	Stoffen	Vasta	187	nor
gove rise to immediate	DUE TO		1	, ,		1		<i></i>	
lying couse last.	-	The state of the s							
	J (c)	ONTRIBUTING TO DEATH BU	T NOT PELATER	TO THE TERMS	NIAL DISEASE	COMPITION CIV	EN INI DADT 1/	-1 10 WAS	AUTORCY
OTATION OTHER SIGNAL	I I	LON WBOTHNG TO DEATH BO	T NOT KELATEL) TO THE TERMI	NAT DISEASE	CONDITION GIV	EN IN FAKI 16	PERF	ORMED?
Part II. OTHER SIGNI ACCIDENT WAS UNDER OR CONTRIBUTING O CAUS UIF EITHER, NOTIFY MEDICAL	E OF DEATH :	CRIBE HOW INJURY OCCURR	ED (Enter natu	re of injury in P	ort I or Part	Il of item 18 j			
3 20c TIME OF INJURY Month			LACE OF INIU	RY (Home, form,	20f (City	or town)	(Covi	abil	(Stote)
20c TIME OF INJURY Month Hour a. m.	While	Not white F	octory, street, o	ffice bldg., etc.]		(Cool	шуј	faioist
ρ. m.	19 of war	k of work				•			
21. I certify that I att	ended the deceas	ed from Mar	19.4	8. to /	8 40	n 1954	that I las	t saw the	deceases
alive an Janurary		g, and that deat			//				
- Janutary	201	33-7-7 und mai ded,				elicity or town,			ATE SIGNE
ACTUAL SIGNATURE	88/100	2-0		71 6	/ [he al	han he	1 1	-1/2 5
SIGNATURE	1000	- C	M D	V-G7	mes_	11219	TOO IN	7L:	772
PHYSICIAN'S NAME (Type) Dyo R	obert_Sasso	er M.D.							
220. BUR AL, CREMATION, 22b 1		22c NAME OF CEMETERY	OR CREMATOR	Y I	22d. LOCAT	ION (City lown, o	or county)	(Sto	nte)
DESCRIPTION Set	21-1959	Westerr				imore, Md		(310	,
23 FUNERAL DIRECTOR'S SIGNAT		ADDRESS		240 05/05	D BY REGISTI		STRAR'S SIGNA	ATURE	
F.C.Higinboth					JAN 2 0		1 4 7 3		
F. C. HISTHOOPH	ال المستقوليين	O TO S STATE		DATE	ma 47		-7 W.	" white	

uneral director, If be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DI

The control of the second of the second of the control VS A15 (4) 15M 10/57

U



Coleman

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

Wash , 9 D . G. REC'D BY REGISTRAR

DATE JAN B

DIR plants FINER n

PHYSICIAN'S NAME (Type)

220 BURIAL CREMATION

23 FUNERAL DIRECTOR'S SIGNATURE

REMOMAN MICE

huniel

Francis

22b. DATE THEREOF

S.H. Hines Co., 2901 14th St.N.W.

death.

VS A15 (4)

PERFORMED? YES NO IZ (County) (\$late) 192-7, that I last saw the deceased D.M. from the causes and an the date stated above. DATE SIGNED

246 REGISTRAR'S SIGNATURE

was & the man

22d. LOCATION (City town, or county)

Washington

91061

e. IS RESIDENCE ON A FARM? YES NO T

Hours

II.S.A

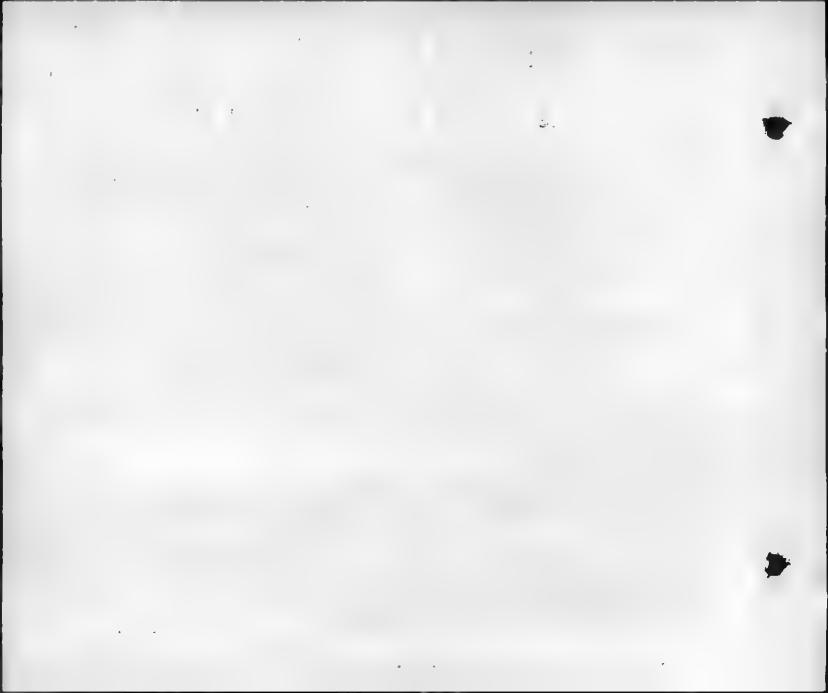
(State)

Year

1950



deoth. Page



. IS RESIDENCE YES INO E

Rea, Dist. No.

Month Day Yeor 195 9. AGE (in years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? 15. STEINKAMP - SAME 15# 2. INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES [NO (County) (Stote) 19 LG, that I last saw the deceased . and that death occurred at 4500 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 578459 DATE SIGNED 22d LOCATION (City town, or county) (Stote) NNESSEE 24b. REGISTRAR'S SIGNATURE

15M 9/55



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01064

	ny norm are months from recomme	1031	NAT LANGUAGE A	CLRITTICA	TIL OI BLAIN	Reg. Dist. No.
1	PLACE OF DEATH	-1001-	<u> </u>	21	•	itution Res dence before admiss an)
	e. COUNIT	Prince George	B MARYLAND	o. STATE Mar	yland 6. cou	Pr. Geo.
	b CITY OR TOWN	'If outside corporate I'm is, write RURAL	C LENGTH OF STAY IN 16	4	M 4 - 2	te RURAL and give nearest (own)
	R	j.verdale	D.O.A.	4/ La	urel	
	NAME OF HOSPI	ITAL OR INSTITUTION (IF not in	s hospital, give street address)	d STREET ADDRES	S	ON A FARM?
-		emorial Hospita		Contec	Sand and Grave.	L Co YES NO DE
	NAME OF DECEASED	First	Middle	lost	4. DATE Mo	
	(Type or print)	Ludie		ringfield	DEATH JAIL	2 1959
	SEX		ARRIED . NEVER MARRIED . 8		9 AGE (In years less berthday)	Months Days Hours Min
L.	Male		OWED DIVORCED	2-2- 98	60 yr	
100	s. USUAL OCCUPAT	ION (Give kind of work done ing life, even if refired) Chinan	NO OF BUSINESS OR INDUST			12 CITIZEN OF WHAT COUNTRY?
4	· ·	chman	Sand and Gravel	l N. Caro	lina	U.S.A.
13	FATHER'S NAME			14 MOTHER'S MAIDE	N NAME	
1	Eddie	Stringfield		HANNAI	h SmIth	
15		VER IN U. S. ARMED FORCES? [] [if yes, give war or dates of envice)		FORMANT	Addre	B)
	No		243-01-4659 L	mnie Strin	gfield; Rt. 1 I	Box 180, Laurel, Md
	18. CAUSE OF DE	ATH [Enter only one couse per	I ne for (a), (b), and (c).]			INTERVAL BET -LEFE DNSET AND DEATH
	PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Exposure to	cold		
	932.3	DUE TO		_	Washing State of the Land	
	Conditions, if	any, which) thi	Lying out is	n weather		
	gave rise to imm	ediate cause	7-0			-
	couse last.	(c).	Reason unkno	OWIN		
7	PART H, O'				RMINAL DISEASE CONDITION C	GIVEN IN PART 1(0) 19. WAS AUTOPSY
Ě						PERFORMED?
CERTIFICATION	20g. EXTERNAL CA	AUSE WAS 206 DESC	CRIBE HOW INJURY OCCURRED (E	nter noture of injury in	Port I or Port II of Item III)	
CFF	CAUSE OF DEATH	- E	xposure to cold			
3	20c. TIME OF INJ	URY Month, Day, Year 2	ON INJURY OCCURRED 200 PLAN	E OF INJURY (Home, f	orm, 20f. (City or town)	(County) (State)
MEDI	Hour a.m	7-2 50	While Not while facts	ce of Emplo	etc);	Pr. Geo. Md.
	21. I certify	that I toak charge of t	ne remains described abo	ve, held an Auta	psy K., Inspection 2	Inquiry A, and in my
	opinion death	resulted fram: Natur	al causes , Accident	Suicide 🗻.	Homicide . Unde	lermined manner
	1	1 - 0.4		E	<u> </u>	
	ACTUAL SIGNATURE	day O. W.	Nonen	H D CHIEF MEDICAL	EXAMINER [DATE SIGNED
	7	Mehry		ASSISTANT MEL	DICAL EXAMINER	
	EXAMINER'S NAME (Type)	John T. Maloney	7, M.D.	DEPUTY MEDIC	AL EXAMINER [] JE	nuary 2, 1959
220	HURIA CREMAT	ON, 226 DATE THEREOF	THE NAME OF CEMETERY OR	CREMATORY	7 228 LOCATION (City, town	or county) (Stote)
	KENTO FAE (SPECII	1-8-07	Mit Lich	2 Chunc V	1 Faurel	1 nasylund
23	FUNERAL D RECTO	Washingter	467 Not. 7	1.00.	EC'D BY REGISTRAR 246 REG	CISTRAILS SIGNATURE

Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, phase execute the cert in a, writing the word "pending" in penalt in Item, 18. Give Pages 1, 2, and 3 to the funancial of a 11. Page 4 should be for edited to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for filles.

TO FUNERAL Differ OR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Bool meaning at its designated agent, prior to buriol, cremation, or remayol, and in any event within 72 hours after death. 4 should be for TO FUNERAL DIKER VS ATSME 5M 2 52



VS A15 (4) 15M 10/57

01065

976

Reg. Dist. No.

)	1. [PLACE OF DEATH COUNTY PRINCE GEORGES MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. EQUINTY There Heavy so
	-	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares/fown)
		BURAL and give nearest fown)	mt Racion
		d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE
		OR INSTITUTION	3105 anundal Road VES NO
	3.	NAME OF First Middle	Last 4. DATE Month Day Year
		(Type or print) CLATITE R	5/ROUS DEATH - 14 1859
	5 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 1887 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min
	1	EMALE WHITE WIDOWED DIVORCED	4-1-11884 7 yrs Months Doys Hours Min
	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Housevila at home	Callottsburg Kentucke M. S. A.
	13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
-)	70	Erman Krish	Rome Breat
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT
	,,,,,	no. of untroomed 1911 yes, give was or dotes of service) NONE 73	ert P Leda net Rainier med
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Curous Onser and geath
		4193X DUE TO	/
~		Conditions, if any, which) (b)	
		gove rise to immediate couse (a), stating the under-	
		lying couse lost.	
	Z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
à l	CATION	Zew. asterios clerosis . The	maker heart destace YES 1 NO 17
	Ü.	200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED	C. (Enter nature of injury in Part I or Part II of item 18.)
	L CERT	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
			ACE OF INJURY (Mome, form, 20F. (City or town) (County) (State) tory, street, office bidg., etc.)
	MEDI	P. m. 19 White Not white of work 7	
		21. I certify that I attended the deceased from	1, 1954, 10 Jan / L., 19 That I last saw the deceased
		alive an 1979, and that death	1 1//1
			ADDRESS (Street, city or town/stote) DATE SIGNED
		SIGNATURE Avin W. Trossquery	10/ arundel Kd
7		10 . 1. / 00 1.	
<u> </u>		PHYSICIAN'S (KUIN W. GRASS GREEN W	D Mt. Namer Mig
Ī	220	BURIAL CREMATION. 226 DATE THEREOF 22c NAME, OF CEMETERY OF	CCREMATORY 22d LOCATION (City fown, or county) (State)
	need	REMOVAL (Specify) 1-16-5-9 ashlund	Cometer ashland Fonticles
	23.	FUNERAL DIRECTOR'S SIGNATURE	240. PEC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	1	V.W. Chambles to 1400 Chapin	IT M2 DATE JAN 1 6 '59 arthur S. Hrans



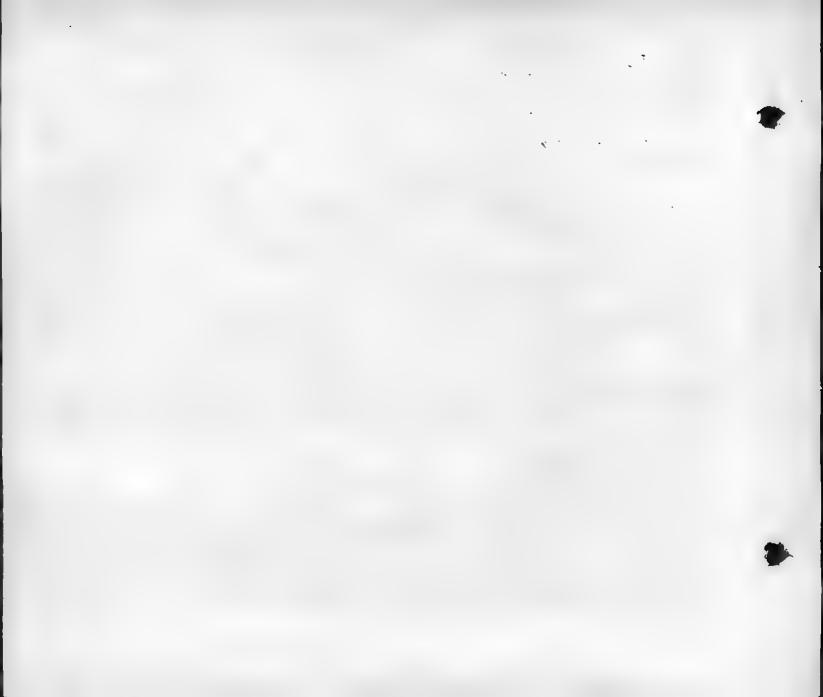
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5. SEX

CERTIFICATION

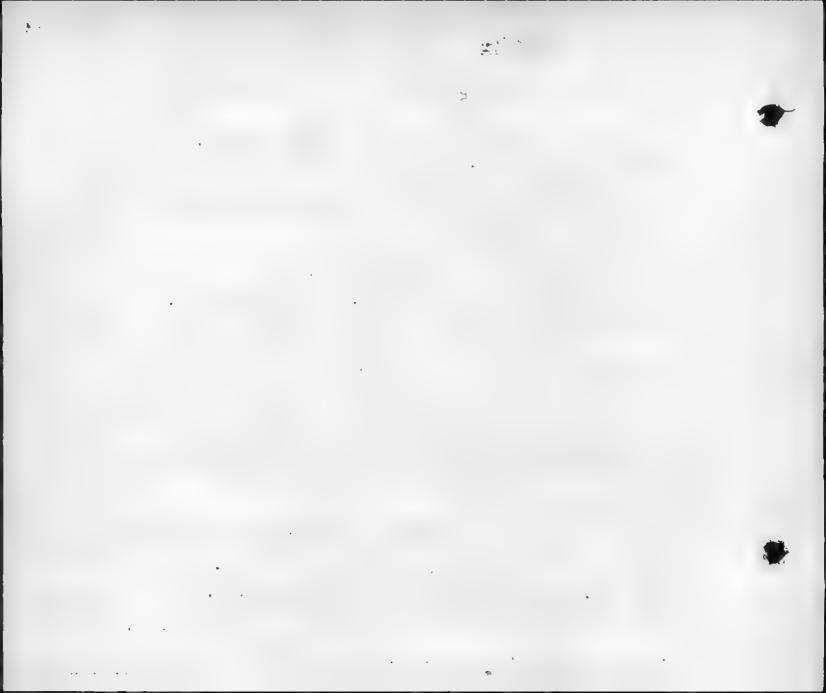
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VS A15 (4)



haurs after death.

15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1071 **CERTIFICATE OF DEATH** and director, be filed with executed within 24 hours after death. Page 4 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) may be retained by the hospital ar attending physician. • FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be. Ached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

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TO FUNERAL DIRECTOR PAGE 3 should be

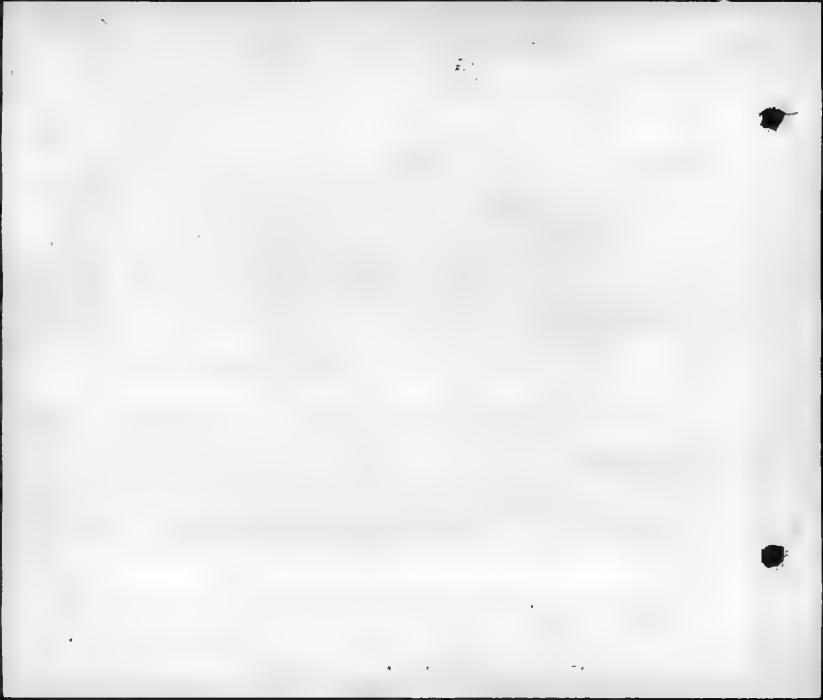
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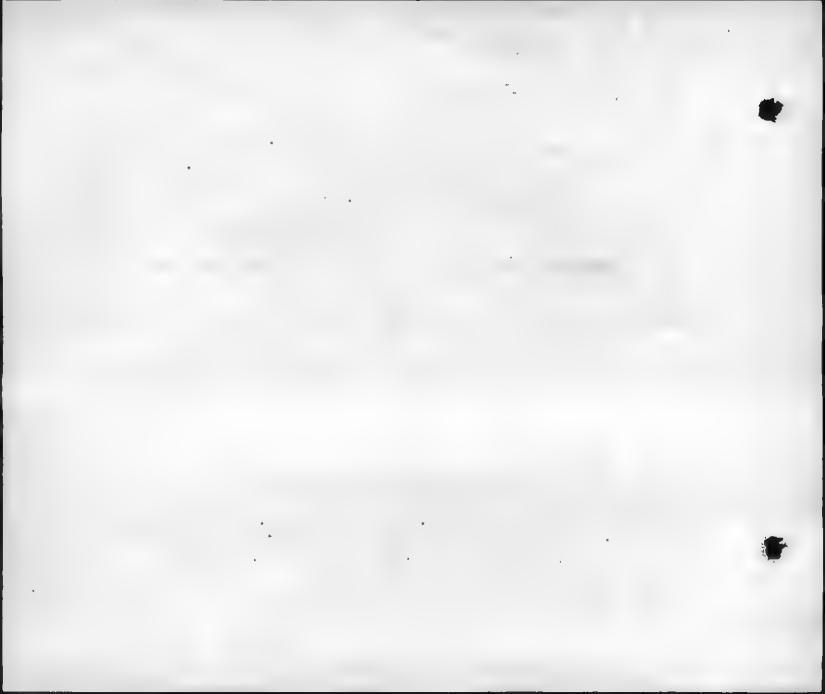
Reg. Dist. No.

01068

	Trince George MARYLAND JOWCK
	CITY OR TOWN (If outside corporate limits, write CLENGTH OF STAY, IN 1b C.CITY OR TOWN (If outside corporate limits, write RURA) and give pagrest town)
	Neural and give nearest lawn) Neural and give nearest lawn) Neural and give nearest lawn)
	OR INFITUTION OR INFITUTION WEST TO BE STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DE
3.	NAME OF First Middle Lost 4. DATE Month Day Year
	(Type or print) BENJAMIN FRANKLIN HOMAS DEATH YOU 10, 1959
5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 1 AGE (In years 1 F UNDER 14 HRS 1 AGE (In years 1 F UNDER 14 HRS 1 AGE (In years 1 F UNDER 14 HRS Months Days Hours Min
10	
Г	during most of working life, even if retired)
13	MATHER'S NAME SYSTEM WAS CAROLIA MOTHER'S MAIDEN NAME
1	13 F Thomas Suryh Stokes
15	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 18 INFORMANT . Address
()	No No Ill year give wor or dote at service) Records of Paint Branch Nuvs Home
	IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]
	PART I. DEATH WAS CAUSED BY: BRONCHO DNEWMONIA 10NSET AND DEATH 4445
	334X DUE TO
н	Conditions, if ony, which) CENEBRAL ARTERIOSCLEROSIS 6425
н	gove rise to immediate couse (a), stating the under DUE TO
Н	lying cause lost. (c)
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO FIR-
TIFIC	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
L CERTIFI	[IF EITHER, NOTIFY MEDICAL EXAMINER]
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Value of the colory, street, office bldg, etc.) (County) (State)
ME	Program. p. m. While Not while of work of wo
	21. I certify that I attended the deceased from June, 1956, to June 10, that I last saw the deceased
	alive an
	ADDRESS (Street, city or town, stgre) DATE SIGNED
	SIGNATURE MD. 3503 PENRY 37
L	PHYSICIAN'S NORMAN DONAT COMEAN MI RAINIER Md.
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)
\vdash	ansportation 1/10/59 Traer Iowa
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville Maryland. DATE JAN 13 57





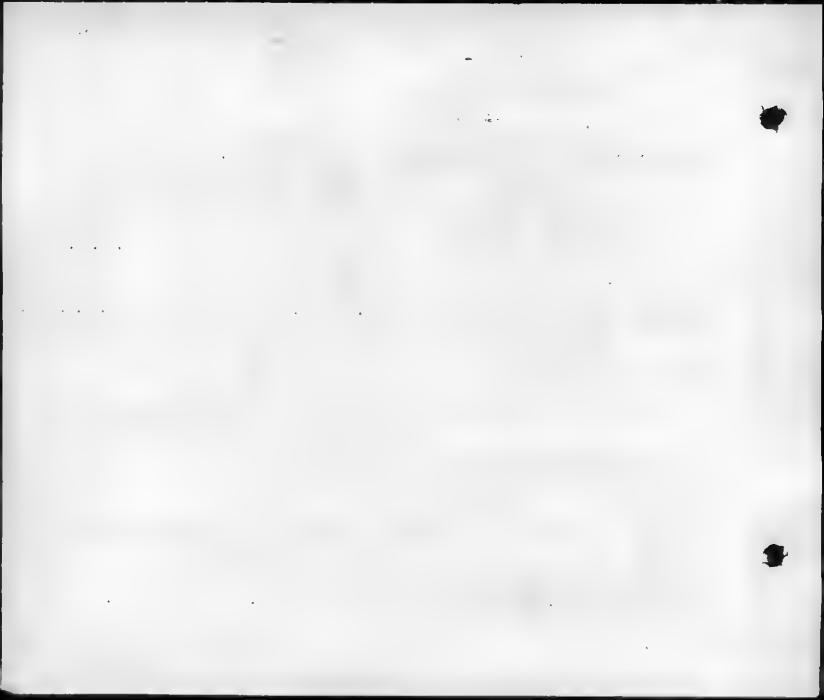


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01079

		10	27	CERT	TIFIC A	TE OF	DEATH			Reg. Dist. N	1五1)4	4
ī	PLACE OF DEATH		,		RYLAND	2 USUAL RESI	IDENCE (Who	ere deceased li	ved. If institution b. COUNTY	in: Residence bef		on)
r	b CITY OR TOWN (if RURAL ond give nec	ince George outside corporate limitarest town)	s, write	C LENGTH OF ST	AY IN 1b	c. CITY OR	Mary TOWN (IT or	and utside corporat	e limits, write Ri	RAL and give n	AGREE A	7
-	Chever d NAME OF HOSPITA OR INSTITUTION	AL (IP no) in hospito), g	ive street c	6 Hpu	rs	d. STREET	komo I	Park	, i	~	e. IS RESID	
3	Prince NAME OF DECEASED	Georges G	chore	l Hospita Mide		73		dar Av	GIAL Mont	h D	YES T	eor 1 €
5	(Type or print)	6. COLOR OR RACE		IED O NEVER MAS	C C	Trugo	gll	DEATH	AGE (In years	THINGDER LYEA	RIF UNDER	9 59
	Male	White	WIDOWE		CED [June 7,	1885		lost birthdoy)	Months Doys	Hours	Min
11	Do USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b. (KIND OF BUSINESS	OR INDUS	TRY 11 BIRTHP	IACE (State of	or foreign coun	niry	12 CITIZEN	OF WHAT	COUNTRY
_	Farmer & Co	ca-cora M	ртрле	e Same		14, MOTHER'S	irgin:			0. 1) . A .	
	Hubert H.	Trussell						Roysto	n			
17.6	WAS DECEASED EVER	IN U. S. ARMED FOR It yes, give war or dates of s	CES? 16 S	SOCIAL SECURITY N		rs. Ruth	H. G	eiman,	7317 Ce		. T.P.	, Md
2	Conditions, if on gove fise to in couse (o), slating the lying couse last.	imediate	5	utest	! in	of the	en c	luc +	o ad	bu!	TERVAL BET	7-5
MOLENCATION				RIBE HOW INJURY						en in Pari ((o)	PERFOR YES Y	MED?
PEOTIE		CAUSE OF DEATH MEDICAL EXAMINER)	200. 0030	KIDE HOVY HOOK	OCCURRE	. (Chier nature o	or injury in r	on i or ron ii	or tiem is j			
MEDICAL	20c. TIME OF INJURY How o. m p. m.	Month, Day, Yes	While of work	Not while	foc	CE OF INJURY (tory, street, office	e bldg., etc.)			(County		(Stote)
	21. I certify the alive an	at I attended the	decease , 12.5	- C 2	30 at death	accurred at	6:20	PM, fram t	the causes a	nd an the d	aw the categories	decease d above te signe
	SIGNATURE PHYSICIAN'S NAME (Type) GE	eorge J. Ha	101	agea	ge.	4.0 <u>32/</u> 3717 3) - 3	8 /-2 ve. Cot	tage Ci	tv. Md.	1-	3/-5
27	PORTIAL CREMATION REMOVAL (Specify)			Flishery	12				N (City town, o		(Stote)	
23	J. COUNTY	SIGNATURE A! ALLES!	254	ADDRESS /	212	1/2/C	240. REC'D	BY REGISTRA	Q'	TRAR'S SIGNATE	jke A	

VS A15 (4) 15M 10/57



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Ö	C	ed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for	ق	ed agent, prior to buriof, cremotion, ar removal, and in any prestruction 72 hours ofter death.	
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30	0	shavid be for	2	=	
~	execute the certif Fig. writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director	107	-	ar its designated	
7			2		
a S TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary		161	* TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bod		
¥5.	A	13/	ALC		
21	W 7	£/3	/		

			MARYL	AND S	TATE DE	ARTME	NT OF HEAL	TH-BA	ALTIMORE,	18	41.1	071
			1 OHME	DICA	LEXAM	INER'S	CERTIFICA	ATE O	F DEATH		U l	UIL
	10.60				Item 2 1	111662	39 2-20-59	et		Reg. Di		
	1. [LACE OF DEATH	D				2 USUAL RESIDENCE		eased lived. If insti b. COUN		ince before	a admission)
	- la		Prince Geor			MARYLAND	D•(_
		and give negrest tow	and the second	FUFAL	c. LENGTH OF				orporate limits, wri	ie RURAL and	give near	rest fown)
			n Dale		Transie			shingt	on	× 11.000	Enfant .	. X
	đ		TAL OR INSTITUTION (_	pitol, give street o	oddress)	d. STREET ADDRESS		Unknew	-	1	ON A FAP 2
			n Severn Ro				Saint/	·	eth/s/Hos	pital	Ĭ,	YES NO
	- [NAME OF DECEASED	Doug		Mide		hweatt	4. DATE	Mai		Doy	Yeor
	5. S	Type or print)						DEATI	O CHE I COL		23	1959
	J. 3	male	6 COLOR OR RACE	1				n E	9, AGE (In years	Months		UNDER 24 HRS
	10-	USUAL OCCUPATI		WIDOWE		Same?		_	1 pp 5 27"			. 1
	d	uring most of worki	ing life, even red)	1 1			Y 11 BIRTHPLACE (St		country)	12 (111,		VHAT COUNTEY
	12	Labore FATHER S NAME	er		onstruct	cion		ginia		1.	US	A
M	13	_	David Thwea	. 4. 4.			Bertha		00			
Н	15		David Thwea		SOCIAL SECURITY	(NO 12 6)	FORMANT	reopi				
		na, er unknown)	(If yes, give war as dates of		SOCIAL SECORITI		enia Elli	s 50	30 Mead	"St N	E	
		10 001000000000000000000000000000000000	no		((-) (-)			W ₈	ashington	D.	C.	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY:										
		111101	IMMEDIATE CAUSE (0)		Coror	nary th	rombosis				-	
		4-20.1 DUE TO										
		Conditions, If ony, which to Coronary atherosclerosis										
		(a), slating the underlying DUE TO										
	z	-) (c) HER SIGNIFICANT CON	DITIONS CO	NITERUTING TO	DEATH BUT NO	OT PELATED TO THE TEL	MINIAI BISE	ASE CONDITION C	IVENI INI DAGI	11/-11/10	LUIS AUTOBRY
	2	7/4/10/01		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			or keeping to the ter	CHAILANT DISTA	AST COMPINION O	IYDA DA TAKI	1(0) 17	PERFORMED?
	5	20a. EXTERNAL CA	DSE WAS 20	h DESCRIBE	HOW INTURY C	CCURPED (F.	ter nature of injury in I	Part Las Sast	II of the 383		TAES	NO [
	CERTIFICATION	PRIMARY or CC	INTRUBUSTING LEE A	D DESCRIBE	. 11011 1117081 0	CCOMMED (C)	ter notice of injury in a	TOTT I OT TOTT	II or item to j			
		20c. TIME OF INJU		r 20d i		D 20e PLAC	E OF INJURY (Home, fo	T 206 10	St. or Rown)	(Cov	man.	(Stote)
	MEDICAL	Hour o, m.		While	Not while	facto	y, street, office bldg., e	etc.)	ily or lowing	(000	ruyj	(31014)
	×	p. m.					- b-1d A t-	- TV		1	Chan	1.4
			hat I taak charge						Inspection IX		· Las	and in my
		opinion death	resulted fram: 1	AGINEGE C	couses ha	Accident [J, Suicide,	Homicio	ie [_]. Undet	ermined n	nanner	
		ACTUAL	11	900	1.		CHIEF MEDICAL	CV a Lathern Z	****		0	ATE SIGNED
		SIGNATURE	dina.	LL	CERN	uz-	M.D CHIEF MEDICAL ASSISTANT MED					
		EXAMINER'S NAME (Type)	John T. 1	Va I one	ar M D		DEPUTY MEDICA			nuary	2/1.	1959
	270		ON. T276, DATE THEREO		22c. NAME OF C	EMETERY OF						
		RIMOVAL (Specify		5-9	Pita 1	81	- /	127	ATION (City, town	(O	00	(Stote)
	23	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	benur		C'D BY REGI	STRAR 245 BED	ISTRAR'S SIG	NATURE	
	1	4 Mlan	10m. 9	09	- /	ex-	7- 21 DATE		'59			
	1.	10/15/1	0010		4/	V 1	/ /C / DATE	2		Thur 2	Though	

TO HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fille, page 3 should be detached for use as the burial-transit permit. Then please propers capture pages the registrar prior to burial, ar removal, and in any event within 77 hours after death.

VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

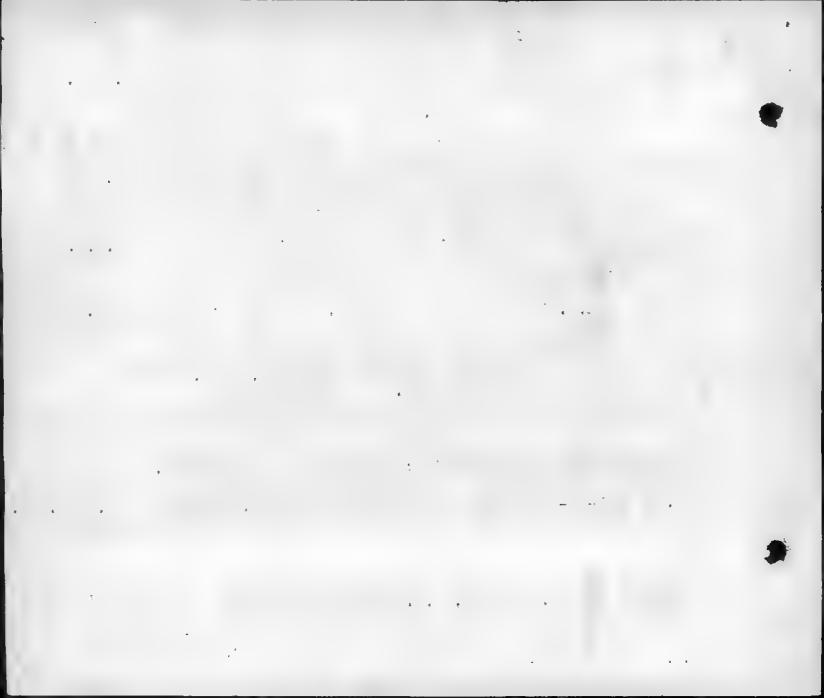
CERTIFICATE OF DEATH 1022

(107: Reg. Dist. No.

1000	
1 PLACE OF DEATH O. COUNTY) I INCC GOTECT	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 HICK - Relation 1 2 45.5	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in bospital, give street address) OR INSTITUTION THIS HOTEL NAME OF HOSPITAL (IF not in bospital, give street address)	d. STREET ADDRESS 221 FORCET ST. 0. IS RESIDENCE ON A PARM? YES NO.
3 NAME OF DECEASED (Type or print) (William Treat	Death Jan, 19 196
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [] Male White WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lead birthdoy) 10 yrs Months Days Hours Min 9. AGE (In years lead birthdoy)
10a. USUAL OCCUPATION (Give kind of work dane during most of working life; even if refired) NUJCICN - Th. J., College prof.	USTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
condition Spreadue Upon	14. MOTHER'S MAIDEN NAME, HYMORET Trest
15. WAS DECEASED EVER IN U. S. ARKED FORCES) (You, no, or unknown) (If yes, give wer or dofes of service) NO	ursind Home Records
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Candilions, if any, which gave rise to immediate couse (a), stating the under.	5 Ceneralized Interval Between ONSET and DEATH 10 415
Iying couse last. (c)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO CONTROLLED
	ED. (Enter nature of injury in Part I ar Part II af item 18.)
	PLACE OF INJURY (Hame, farm, actory, street, office bldg., etc.) (City or town) (County) (State)
alive an January 17., 19.04., and that death	17. 19. 1. Indi i losi saw the decedsed
SIGNATURE James by Otifled by	D. 7717 Carroll Have 1-19-61
PHYSICIAN'S NAME (Type)	Jakomafark 12 mel
220 BURIAL CAMATON, 20 DATE THEREOF 22C. NAME OF CEMETER) CONTRACTOR AND 20-1961 4 LINCOLU), 3201- Bledoustweg Rd. The Die
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS STATE OF A CORESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE C. May S. Trans



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. EALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) PLACE OF DEATH a. COUNTY **b.** COUNTY Prince Georges Marvland MARYLAND b CITY OR TOWN (II outside corporate filmits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) East Riverdale Cheverly. hr. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address). d. STREET ADDRESS e IS RES DE E <u>5</u> G ON A FARM e State Bar deoth. 5604 56th Avenue Prince Georges General Hospital YES NO IX 3. NAME OF Middle 4. DATE Year DECEASED Elmer. (Type or print) Lawrence Vennerdrow HTASO January 6 COLOR OR RACE 7 5. SEX 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HPS MARRIED NEVER MARRIED B DATE OF BIRTH may b Hours Min Months | Days Male white WIDOWED | DIVORCED [2. and Poge 5 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CIT-ZEN OF WHAT COUNTRY? during most of working life, even if retired) US Dept.Agriculture Accountant U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Lewis Vennerdrow 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address I'm, no, or unknown) Yes Gio F. Vennerdrow; same as 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BUTWEEN DINSET AND DEA H PART 1. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (6) DUE TO Fracture of pelvis and comp. comm. fracture Conditions, if ony, which gove rise to immediate couse of right leg. DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO X 200. EXTERNAL CAUSE WAS PRIMARY ALON CONTRIBUTING () CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort f or Part II of item 18) A pedestrian: struck by an automobile. Month, Doy, Year 20d. INJURY OCCURRED. 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) 19 59 While Not while No work foctory, street, office bldg , etc.) Highway E. Riverdale Pr. Geo. Md. 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection K., Inquiry 31. and in my opinion death resulted from. Natural couses 🧻 Accident 🔼 Suicide 🦳 Hamicide 🗍 Undetermined manner 📑 DATE SIGNED DIRL **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER January 22, **EXAMINER'S** Maloney. M. D. should FUNER/ John DEPUTY MEDICAL EXAMINED NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 27s. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 1/26/1959 Arlington Nat'l Cemetery Arlington. Virginia Burial 23. FUNERAL D RECTOR 5 SIGNATURE 240 REC'D BY REGISTRAR 246 PEGISTRAR'S SIGNATURE VS ATSME W.W. Chambers Company, Riverdale, Md. Critical I. 16. 1 N 2 6 '59 5M 2/57



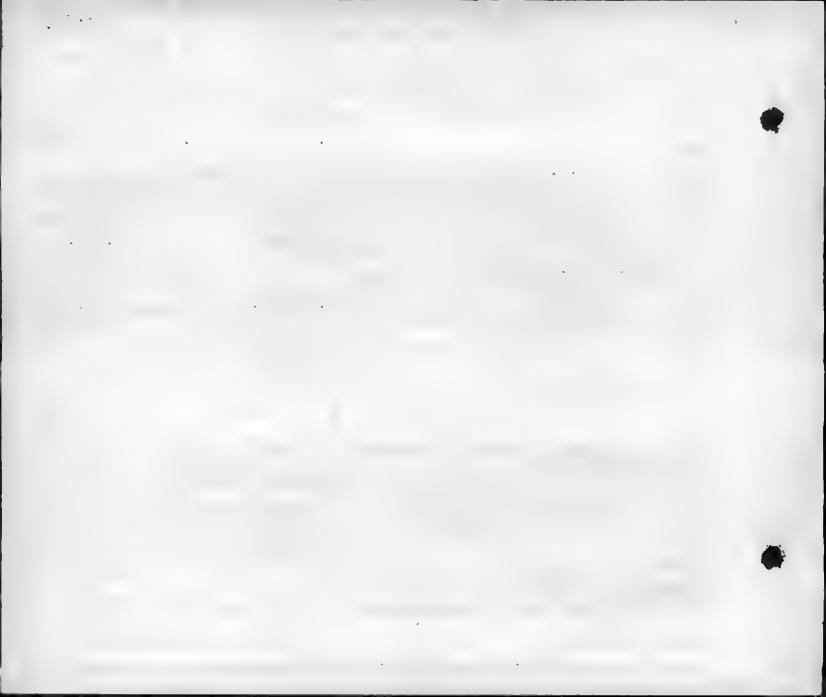
VS A15 (4) 15M 9/55

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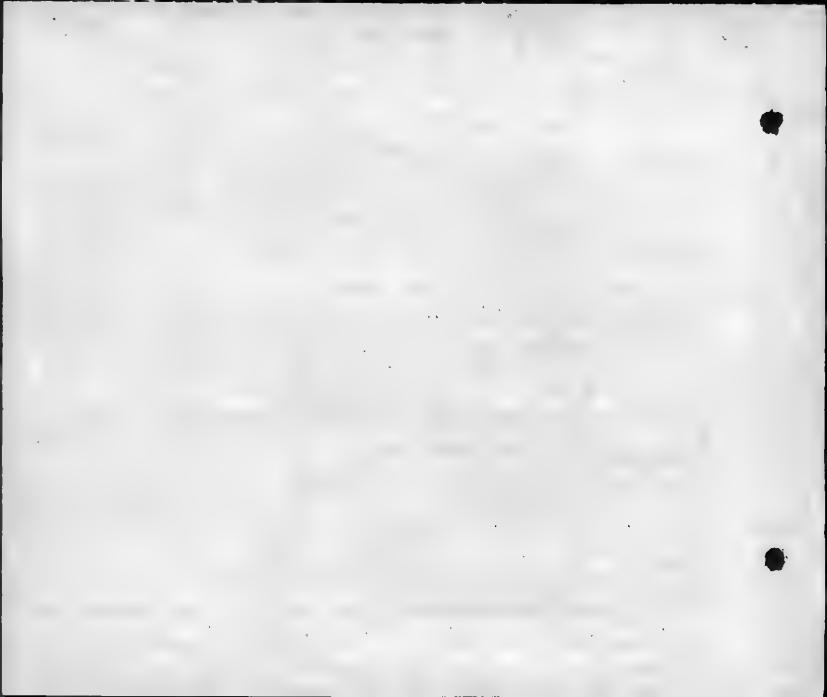
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01074

L	710	CERTIFIC	AIE OF DEAIR	1	Reg. Dist. No.			
1.	PLACE OF DEATH S. COUNTY RINCE YROFO	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARGA	ere deceased lived If institution b. COUNTY	on. Residence before admission) Trusto-e Neorae			
	b. CITY OR TOWN (If outside corporate times, write RURAL and give nearest town) Hyattsville	. LENGTH OF STAY IN 16	c. CITY OR TOWN A fro	utside corporate limits, write RL	JRAL and give nearest taying			
	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION 17 Home 11	dress)	5815. Chi	llum Gate. R	IS RESIDENCE ON A FARM? YES NO TO			
	NAME OF DECEASED (Type or print) HATTIE. MA	Y Middle W	ATERS Loss	4. DATE OF Jan. Mont	15. Doy Yeor 19 59			
	Female White WIDOWED		8. DATE OF SIRTH April.1.18	72 lost birthday)	Months Doys Haurs Min			
L	i. USUAL OCCUPATION (Give kind of work done 10b. KII during most of working life, even if retired) HOUSEWITE	ND OF BUSINESS OR INDE	Maryla	nd	U.S.A.			
	Edmund.Allen. Waters		14. MOTHER'S MAIDEN N	Thomp				
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wer or defee of services		mmet.R.Wate	rs.5815.Chil				
	18 CAUSE OF DEATH [Enter only one cause per line PART 1. DEATH WAS CAUSED BY: POST POST	for (o), (b), and (c).) LMONARY	EDEMA		INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if any, which gove rise to immediate	UTE ANTI	ERIOR 1740	CARDIAL IN	PARCTION 12 HOURS			
z	touse (o), stoting the under by DUE TO Lying couse lost. (c) GFN. ARTERIOSCLERCSIS + LORGNARY INSUE, YEARS							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{NO} \)							
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)							
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o. st. While of work	_ Not while fo	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.	20f. (City or town)	(County) (Stote)			
	21. I certify that Lattended the deceased from 11 10, 1957, to 15 JAIV t, 1959, that I last saw the deceased alive on 15 JAN., 1859, and that death occurred at 2.50 PM, from the causes and on the date stated above.							
	ACTUAL HELLY R. W.	ela		ADDRESS (Street, city or town, 1) HERIDAIY S				
	PHYSICIAN'S NAME (Type)	0		17	, در			
L	REMOVAL (Specify) 1-17-59	U rolin	rtin Pati	22d. LOCATION (City, town, o	d ind.			
Ι.	FUNERAL DIRECTOR'S SIGNATURE Lee. Funeral. Home. 30	O. Ath. st	1 -		TRAR'S SIGNATURE			



ofter o



175
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the cert. The writing the word "pending" in pending in tem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farmed by the following the word "pending" in pending with form PM3. Page 5 may be retained form files.

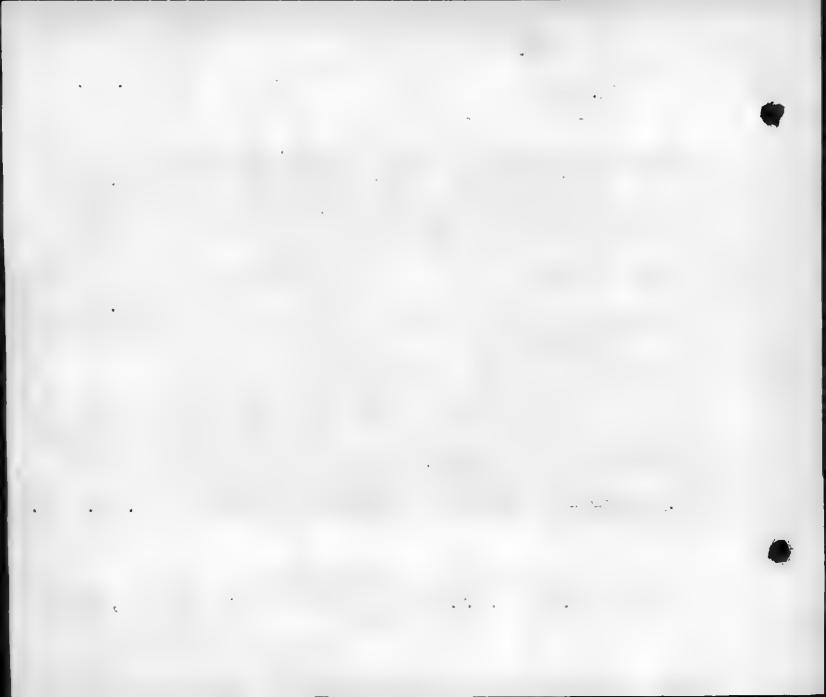
TO FUNERAL DIRE TOR: Page 3 should be essed as a buriol-transit permit. File pages 1 and 2 with the State Boar Health, ar its designated agent, prior to buriol, cremotion, ar removal, and in any event within 72 hours often death

VS. A15ME BM 2 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg, Dist. No.

	PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Where deceased lived. If institut on, Residence before admission)						
	Prince Georges	MARYLAND	G. STATE Maryland b. COUNTY Pr. Geo.						
	b CITY OR TOWN (If outs de corporate limits wir a EUPA)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	and give nearest town)	35 days	/. Lanham						
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospi		AS STREET ADDRESS e 15 RES DIF LE						
7	2		ON A FARA						
	Prince Georges General H		5004 W. Lanham Drive						
	3. NAME OF First	Middle	4. DATE Month Day Year						
		os Weaver	DEATH January 23, 1959						
		D T NEVER MARRIED 0 8	lent by theles)						
	male white widowed	DIVORCED	Oct 7, 1881 77 yrs Months Days Haurs Min						
	10a USUAL OCCUPATION (Give kind of work done 10b KII during most of working life, even if retired)	NO OF BUSINESS OR INDUSTR							
	NO. 1 N. B.	cocerv	Virginia USA						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	George A Weaver		Mary Annandale						
7	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, 50	OCIAL SECURITY NO 117. IN	FORMANT Address						
/	[Yes, no, or unknown] [If yes, if ye wor or defect of service)	正台	fie H Weaver Lanham, Maryland.						
	no								
	PART I DEATH WAS CALLEED AV.	18. CAUSE OF DEATH (Enter only one course per l'ine for (a), (b), and (c)) PART L DEATH MAS CAUSED EV. ONSEI AND DEATH							
	IMMEDIATE CAUSE (o) 10	xemia	AP SAME AND						
A	7040 DUE TO	9040 DUE TO GAR GARGERON							
	Conditions, if any, which) (b) Gas gangrene								
- 1	tab station the surface C DUE TO	gove rise to immediate couse (a), stating the underlying DUETO							
- 1	couse lost. (c) Fractured femur								
	PART II. OTHER SIGNIFICANT CONDITIONS CON	ATR BUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
4	PART II. OTHER SIGNIFICANT CONDITIONS CON		PERFORMED? YES \(\) NO \(\)						
	20g EXTERNAL CAUSE WAS 20b DESCRIBE	HOW INJURY OCCURRED (E)	ther nature of injury in Part I or Part II of First III of Item 18.)						
	200 EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	Fall in home	·						
	3 20c. TIME OF INJURY Month, Day, Year 20d. IN		E OF INJURY (Home, form, 120f, (City or town) (County) (State)						
	O Hour a.m. White	Not while facto	ry, street, office bidg , etc.)						
- 1			Iome Lanham Pr. Go. Md.						
	21. I certify that I taak charge of the re		The state of the s						
	opinion death resulted from: Natural co	uses [], Accident []	Suicide , Hamicide , Undetermined manner						
	Lacrum A. / massa A.		DATE SICHED						
	SIGNATURE JEM J Mala	men	M.D. CHIEF MEDICAL EXAMINER						
	EXAMINER'S		ASSISTANT MEDICAL EXAMINER						
	NAME (Type) John T. Maloney.	M.D.	DEPUTY MEDICAL EXAMINER J January 24, 1959						
	220. BUR AL CREMATION, 226 DATE THEREOF 2	Te. NAME OF CEMETERY OR							
	Burial 1-27-59	Ft Lincoln							
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D UY REGISTRAR 246 REGISTRAR'S SIGNATURE						
	Lee Funeral Home - Wa	shington D.O	DARIAN 27 '59 Cilur S. Krave						



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** L. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) COUNTY b. COUNTY MARYLAND Wan I am? Prince Grange rince George b CITY OR TOWN (if autside carporale limits, write c LENGIH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) Colmar Manor NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Prince George Tospital 201 Newark R NAME OF Middle Weekley James Weekley tou 4. DATE Month DECEASED Jan. (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years Igst/birthday) Male ahite Oct 10, 1892 WIDOWED [7] DIVORCED [YF3 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Stationery engineer U S Government Arkansas 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME certificate Oliver Morton Weekley Laura White hours 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INSORMANT Address 225101567 Mary H Colmar Manor, Md. Weekley yes 18 CAUSE OF DEATH [Enter only one couse per line for [6]. (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO á Conditions, if ony, which gave rise to immediate DUF TO cause (a), slating the undertying cause lost, bur ol-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED Haur a.m. factory, street, office bldg , etc.) While Nat while 19 of work at work 21. I certify that I attended the deceased from L.Z., that I last saw the deceased and that death accurred at 100. M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) Baltinore ave. ACTUAL DIREC prior SIGNATUR River Dr. David S. Clayman PHYSICIAN'S NAME (Type) FUNER! 220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 7/59 Ft Lincoln Cemetery Colmar Manob, Maryland.

ADDRESS

Hyattsville, Md.

Rea. Dist. No.

Months

S

Days

(County)

e. IS RESIDENCE

ON A FARM?

YES NO DE

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (Stote)

DATE SIGNED

(State)

12 CITIZEN OF WHAT COUNTRY?

Year 59

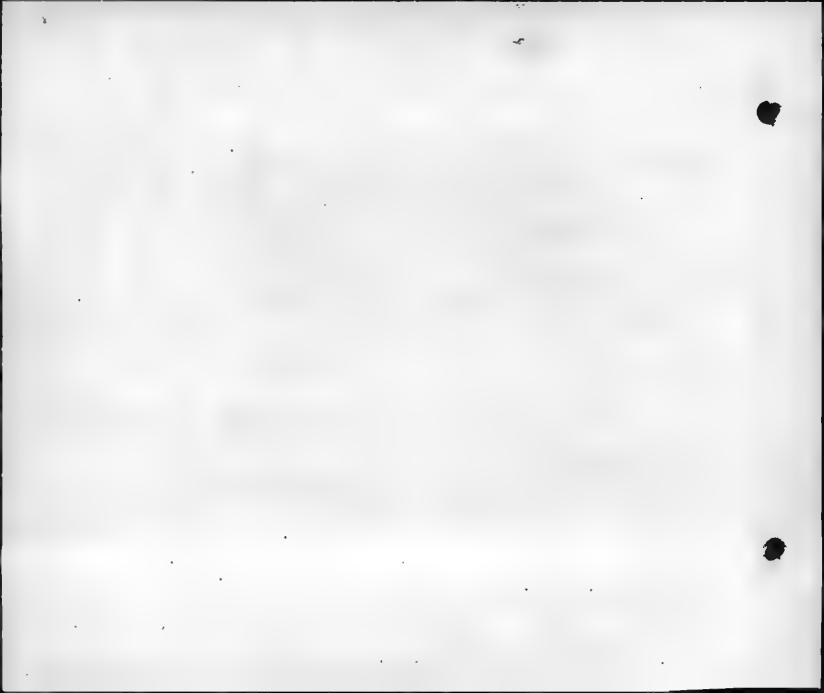
24a REC'D 8Y REGISTRAR DATE

24b REGISTRAR'S SIGNATURE Orling S. Tiraux

0 VS A15 (4) 15M 10/57 Burial

23 FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons





F. Gasch's Sons

0 VS A15 (4) 1SM 10/57

e. IS RESIDENCE

ON A FARM?

YES NO

Yeor

b. COUNTY Prince George's

159 2. IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? US Address Bladensburg, Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO I (County) (Stole) 19 1. that I last sow the deceased and that death occurred at _____M, from the couses and on the date stated above. DATE SIGNED 22d. LOCATION (City, lown, or county) (Stote) Arlington Virginia 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Hyattsville Maryland. DATE Carthury S. House

THE SANDLES STREET ASK TO THE AUTOMOBILE STATE OF A TYPISM STARGED AD STADISTINGS the state of the s White the control of the control of The First Control of the state of the s

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH

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	1	GZI	CERTIFIC	71	L OF BLATE	1		Reg. Dist.	No.	
o. COUNTY Prince Ge	260 000	-	MARYLAND		USUAL RESIDENCE (Who a. STATE Maryland	nere decease	d lived. If institut	Υ α		ssion)
	If outside corporate limi	ls, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If o	outside corpo			-	vn)
Cheverly			5 Days	12	Riverdale					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g		address)	1	d. STREET ADDRESS		4		ON	A FARM?
	deorges Gen					or Ed	•		1 153 [
3. NAME OF DECEASED (Type or print)	Fir Agn		Middle		Xydas	4. DATE OF DEATH		anuarv	Day 5	19 50
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UND	DER 24 HRS
Female	White	WIDOW	ED DIVORCED	3	/7/1890		68	Months D	lays Hours	Min.
during most of wor Housewi	king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY	Greece	ar foreign c	country)	/	EN OF WHA	T COUNTR
3. FATHER'S NAME				li-	. MOTHER'S MAIDEN N	NAME		1000	3 9 22 9	
Unkno	wn.				Unknow	n				
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give wer or dates of s			te	RMANT	- 51	101 Tay	Tör Ro	ad v la n	3
Conditions, if a gove rise to couse (a), slating lying couse lost.	the under-)	CONTRIBUTING TO DEATH BE	T NO	LEVEL TO THE TERMI	INAL DISEAS	SE CONDITION G	IVEN IN PART 1	PERF	S AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCUR						YES	
Y 20c, TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	While		oclory	OF INJURY (Hame, form , street, affice blog., etc.	.) 20f. (Cir	y or lown)	(Co	unly)	(State)
21. I certify the alive on Jan Actual SIGNATURE PHYSICIAN'S NAME (Type)	5. 1959	deceos	D'Enell	h ac	9. 19	ADDRESS (S	m the causes street, city or town	and on the		
220. BURIAL CREMATIC REMOVAL (Specify Burial	226. DATE THEREO)F	Fort Linco	-	EMATORY Cometery		TION (City, town,	**	Corin	
23. FUNERAL DIRECTOR The S. H	S SIGNATURE C	ompa	any-2901 141	h	St. N 240 REC'	D BY REGIS	TRAR 24b. REG	ISTRAR'S SIGN	NATURE	

